



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

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

## 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.

State Transaction Number \_\_\_\_\_  
 Project Address (if different than mailing address) \_\_\_\_\_

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

Property Owner's Name \_\_\_\_\_ Parcel # \_\_\_\_\_

Property Owner's Mailing Address \_\_\_\_\_ Property Location \_\_\_\_\_

City, State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Govt. Lot \_\_\_\_\_ 1/4, \_\_\_\_\_ 1/4, Section \_\_\_\_\_  
 T \_\_\_\_\_ N; R \_\_\_\_\_ E \_\_\_\_\_

**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 # \_\_\_\_\_  
 CSM Number \_\_\_\_\_  
 City of \_\_\_\_\_  
 Village of \_\_\_\_\_  
 Town of \_\_\_\_\_

### III. Type of Permit: (Check only one box on line A. Complete line B if applicable)

<b>A.</b>	<input type="checkbox"/> New System	<input type="checkbox"/> Replacement System	<input type="checkbox"/> Treatment/Holding Tank Replacement Only	<input type="checkbox"/> Other Modification to Existing System (explain) _____
<b>B.</b>	<input type="checkbox"/> Permit Renewal Before Expiration	<input type="checkbox"/> Permit Revision	<input type="checkbox"/> Change of Plumber	<input type="checkbox"/> 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(gpdsf)	Dispersal Area Required (sf)	Dispersal Area Proposed (sf)	System Elevation
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### 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						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dosing Chamber						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 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
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Plumber's Address (Street, City, State, Zip Code) \_\_\_\_\_

### VIII. County/Department Use Only

<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Permit Fee \$ _____	Date Issued _____	Issuing Agent Signature _____
<input type="checkbox"/> Owner Given Reason for Denial				

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

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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