



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  
 Govt. Lot \_\_\_\_\_  
 \_\_\_\_\_ 1/4, \_\_\_\_\_ 1/4, Section \_\_\_\_\_  
 T \_\_\_\_\_ N; R \_\_\_\_\_

<b>II. Type of Building (check all that apply)</b> <input type="checkbox"/> 1 or 2 Family Dwelling – Number of Bedrooms _____  <input type="checkbox"/> Public/Commercial – Describe Use _____  <input type="checkbox"/> State Owned – Describe Use _____	Lot # _____	Subdivision Name _____  <input type="checkbox"/> City of _____ <input type="checkbox"/> Village of _____ <input type="checkbox"/> Town of _____
	Block # _____	
	CSM Number _____	

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

### 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