



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 _____
 (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 _____

Lot # _____

Block # _____

CSM Number _____

Subdivision Name _____

City of _____

Village of _____

Town 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 (explain) _____

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/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 _____

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

Approved Disapproved Owner Given Reason for Denial

Permit Fee \$ _____ Date Issued _____ Issuing Agent Signature _____

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