



**STATE OF WISCONSIN**  
Department of Safety and Professional Services

**SPS Fiscal Plans**  
**PO Box 8602**  
**Madison WI**  
**53708-8602**

**Governor Scott Walker      Secretary Dave Ross**

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Customers of Safety & Buildings,

For the safety and security of our customers and to improve efficiencies in our offices, we have made a change in our plan submittal process related to fee payments made by check. The process has not changed if you pay by invoice.

**Effective April 1, 2012, the process for submitting plans and payments to Safety & Building for Plan Review services is as follows:**

- 1. Plans will be submitted to one of the state offices providing this service as usual.**
- 2. Mail your check and the completed payment voucher (the last page of the application form) to:**

**DSPS Fiscal Plans**  
**PO Box 8602**  
**Madison WI 53708-8602**

- 3. Send a copy of the completed payment voucher (the last page of the application form) along with your plan submittal documents to the office that you select.**

For plans that may be in the mail at this time with check payment attached, we will process as usual. We ask that you incorporate the new process with your next submittal.

We appreciate your business and thank you for your assistance in implementation of the new process.

If you have any questions about this new process, please contact the plan entry staff in any of the Safety & Buildings offices.



Department of  
Safety and  
Professional  
Services

# Application for Review

-Complete all pages-

**NOTE:** Personal information you provide may be used for secondary purposes [Privacy Law s. 15.04(1)(m), Stats.]

Private Onsite  
Wastewater Treatment  
Systems  
Safety and Buildings Division

For plan status, check our website at <http://www.dps.wi.gov/SB/SB-DivReviewStatusSearch.html>

Several counties have been delegated certain authority to review plans in lieu of DPS. For a current list of those counties and their delegation check our website at <http://www.dps.wi.gov/SB/SB-PowtsProgram.html>.

**1. Project Information - Fill in all known information.**

Project/Site Name \_\_\_\_\_  
 Location, Number & Street of project (if unknown, indicated nearest road) \_\_\_\_\_  
 Legal Description: \_\_\_\_\_  
 County \_\_\_\_\_ ( ) City ( ) Village ( ) Town of \_\_\_\_\_

Confirmation of assignment to a reviewer.

Transaction ID: \_\_\_\_\_

Previous Related Trans. ID: \_\_\_\_\_

Estimated Completion Date: \_\_\_\_\_

Assigned Reviewer: \_\_\_\_\_

Assigned Office: \_\_\_\_\_

**Send to office of choice (addresses below):  
Hayward, LaCrosse, Waukesha**

**2. After plans are reviewed, please: (check all that apply)**

Call customer: 1 2 (check number)\*  
 Requesting party will pick up  
 Mail plans to customer 1 2 (check number)\*  
 \*Refers to customer number from below

NOTE: S&B reserves the right to re-distribute plans among offices to balance plan review work loads. See <http://dps.wi.gov/SB/SB-DivDailyDoc.html#Next> for office availability and next review date

**3. Complete the following designer/owner/requesting information. Utilize the check boxes when designer, owner or requesting party is the same to avoid repeating information.**

Designer Information (Customer 1)			Other Please Specify Below (Customer 2)		
First Name _____	Last Name _____	DSPS Customer Number _____	First Name _____	Last Name _____	DSPS Customer Number _____
Company Name _____			Company Name _____		
Address _____			Address _____		
City _____	State _____	Zip+4 (9digits) _____	City _____	State _____	Zip+4 (9digits) _____
Phone Number (area code) _____	Fax or Internet _____	cell phone _____	Phone Number (area code) _____	Fax or Internet _____	cell phone _____
Check if applicable ( ) Owner			Check if applicable or specify relationship ( ) Owner ( ) Other – specify relationship _____		

**4. Information and Plan Submittal Checklists.** Scheduling POWTS plan reviews are assigned to reviewers after receipt of plans. If you select a specific office, your completion date may be considerably greater than what would be possible in another office. Submittals received without a specific office indicated on the form may be assigned to offices other than the receiving office depending on reviewer availability. Submittal checklists can be found in each applicable component manual. You may email technical code questions to [DpsSbPowtsTech@wisconsin.gov](mailto:DpsSbPowtsTech@wisconsin.gov).

<b>Waukesha S&amp;B</b> 141 NW Barstow St 4 <sup>th</sup> Floor Waukesha WI 53188-3789  262-548-8600 Fax: 262-548-8614	<b>Hayward S&amp;B</b> 10541N Ranch Rd Hayward WI 54843  715-634-4870 Fax: 715-634-5150	<b>La Crosse Area S&amp;B</b> 3824 N Creekside Holmen WI 54636  608-785-9334 Fax: 608-785-9330		
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<b>Make Checks Payable to Safety and Buildings Division</b> <b>Mail check and payment voucher to – DPS Fiscal Plans, PO Box 8602, Madison WI 53708-8602</b>  ( ) Check box to invoice designer and sign below  <b>Designer Signature</b> _____	<b>Total Amount Due</b> \$ _____ <b>Review Code 7633</b>
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**5. POWTS Submittal (check all that apply)**

<input type="checkbox"/> New Construction	<input type="checkbox"/> Aerobic Treatment Unit(s)	<input type="checkbox"/> Chlorinator	
<input type="checkbox"/> Replacement of System	<input type="checkbox"/> Commercial System	<input type="checkbox"/> UV Disinfection Unit	

**System Type(s)**

NOTE: Submit separate sheets for each system if submitting multiple systems on the same site.

Enter Fee \_\_\_\_\_

<input type="checkbox"/> Revision to previously approved plan			\$85	
<input type="checkbox"/> Miscellaneous Review (\$80/hr for replacement of a septic tank, addition of an effluent filter or pretreatment device to an existing system, etc.)			\$80/hr	
<input type="checkbox"/> Lot Restriction Waiver			\$100/lot	_____
<input type="checkbox"/> Component Manual <input type="checkbox"/> At-Grade Component Manual – Version 2.0, SBD-10854 (N.03/07) <input type="checkbox"/> Drip-Line Dispersal Component Manual, SBD-10657-P (N.6/99) <input type="checkbox"/> In-ground POWTS Component Manual, Version 2.0, SBD-10705-P (N.01/01) <input type="checkbox"/> Mound Component Manual – Version 2.0, SBD-10691-P (N.01/01) <input type="checkbox"/> Pressure Distribution Component Manual – Version 2.0, SBD-10706-P (N.01/01)  <input type="checkbox"/> Other - Specify _____	Design Wastewater Flow in Gallons Per Day  _____ GPD	All treatment components are previously approved under SPS 384.10 (2) or (3):  Design wastewater flow of the proposed system:  1,000 gpd or less \$250.00 1,001 – 2,000 gpd \$325.00 2,001 – 5,000 gpd \$400.00		_____
<input type="checkbox"/> Individual Site Design* <input type="checkbox"/> At Grade <input type="checkbox"/> Non-Pressurized In-ground <input type="checkbox"/> Pressurized In-ground <input type="checkbox"/> Mound <input type="checkbox"/> Dripline <input type="checkbox"/> Constructed Wetlands  * Documentation must be provided to support treatment and dispersal claims. In a separate statement, provide rationale for the project and attach supporting documents (code sections, test reports, technical papers, research articles, etc.)	Design Wastewater Flow in Gallons Per Day  _____ GPD	One or more treatment components are not previously approved under SPS 384.10 (2) or (3): (Individual site design/deviation from component manuals and use of components without product approval): Design wastewater flow of the proposed system:  1,000 gpd or less \$450.00 1,001 – 2,000 gpd \$600.00 2,001 – 5,000 gpd \$750.00 greater than 5,000 gpd \$900.00 plus \$0.08 for each gallon over 5000 gpd		_____
<input type="checkbox"/> Holding Tank Individual Site Design <input type="checkbox"/> Site Constructed Holding Tank	Design Wastewater Flow in Gallons Per Day  _____ GPD	Holding tanks <b>NOT</b> previously approved under SPS 384.10(2) or (3) and site constructed tanks. Design wastewater flow of the proposed system:  5,000 gpd or less \$180.00 5,001 – 10,000 gpd \$300.00 greater than 10,000 gpd \$450.00		_____
<input type="checkbox"/> Holding Tank Component Manual, Version 2.0, SBD-10855-P (N.03/07)*  *Holding tanks that completely utilize this method and have an estimated daily flow of less than 3000 gallons per day must be submitted to the appropriate county for review instead of the S&B Division except when the wastewater is comingled with industrial wastes or wastewater (see SPS 383.32(3)(a))	Design Wastewater Flow in Gallons Per Day  _____ GPD	Holding tanks previously approved under SPS 384.10 (2)(3). Design wastewater flow of the proposed system:  5,000 gpd or less \$90.00 5,001 – 10,000 gpd \$150.00 greater than 10,000 gpd \$225.00		_____
<input type="checkbox"/> Soil Saturation Determination Report (using observation pipes)	<input type="checkbox"/> Interpretive Determination		\$240.00	_____
<input type="checkbox"/> Experimental System (One time additional fee. Submit fee for individual system as per appropriate above system type) Experiment Number _____			\$400.00	_____

**Prior approval from a section chief is required for a priority review.  
 If approval is granted, the priority will be reviewed within five days of receipt.  
 Priority review fee is double the normal review fee.**

Priority Review (enter same amount as normal review fee listed above) \_\_\_\_\_

**Enter Total (rounded to the nearest dollar) \$ \_\_\_\_\_**



## Payment Voucher

If you are requesting to be invoiced for your plan review, DO NOT use this voucher form.

Transaction ID: \_\_\_\_\_  
(Leave blank if this review has not been pre-scheduled)

Check # \_\_\_\_\_ Dollar Amount: \_\_\_\_\_

Payer Name \_\_\_\_\_  
(Individual or Company name as printed on first line of check)

Payer Address \_\_\_\_\_  
(As printed on check)

Payer City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Plan Submitter Name \_\_\_\_\_  
(If different from Payer)

1. Mail your check (payable to Safety & Buildings Division) and this completed form to:

**DSPS Fiscal Plans  
PO Box 8602  
Madison WI 53708-8602**

2. Send a copy of this completed payment voucher form along with your plan submittal documents to the office that you select below.

Plans submitted to: (check one of the offices)

Madison  Hayward  LaCrosse/Holmen  Green Bay  Waukesha

**Madison S&B**  
201 W Washington Ave  
3<sup>rd</sup> Floor 53703  
PO Box 7162  
Madison WI 53707-7162

**Hayward S&B**  
10541N Ranch Rd  
Hayward WI  
54843

**LaCrosse/Holmen S&B**  
3824 N Creekside La  
Holmen WI 54636

**Green Bay S&B**  
2331 San Luis Pl  
Green Bay, WI  
54304

**Waukesha S&B**  
141 NW Barstow St  
4<sup>th</sup> Floor  
Waukesha WI  
53188-3789