



County Sanitary Permit Application

In accord with Chapter 12 St. Croix County Sanitary Ordinance
Personal information you provide may be used for secondary purposes
[Privacy Law. S. 15.04(1)(m)]

**ST. CROIX COUNTY WISCONSIN
COMMUNITY DEVELOPMENT DEPARTMENT**
ST. CROIX COUNTY GOVERNMENT CENTER
1101 Carmichael Road
Hudson, WI 54016-7710
(715)386-4680 Fax (715)245-4250

Attach complete plans for the system on paper not less than 8-1/2 x 11 inches in size.

County Sanitary Permit # Check if revision to previous application

I. Application Information - Please Print all Information

Property Owner Name _____

Property Owner's Mailing Address _____

City, State _____ Zip Code _____ Phone Number _____

Location:

1/4 1/4, Sec
T N, R E (or) W

Lot Number _____ Block Number _____

Subdivision Name or CSM Number _____

City Village Town of _____

Nearest Road _____

Parcel Tax Number(s) _____

II Type of Building: (check one)

1 or 2 Family Dwelling - No. of Bedrooms: _____

Public/Commercial (describe use): _____

State-owned

II. Type of Permit: (Check only one box online A. Check box online B if applicable)

A) 1. Repair 2. Reconnection 3. Non-plumbing Sanitation 4. Rejuvenation

B) State Sanitary Permit was previously issued

Permit Number _____ Date Issued _____

IV. Type of POWT System: (Check all that apply)

Non-pressurized In-ground Mound ≥ 24 in. suitable soil Mound ≤ 24 in. suitable soil Mound A+0

Sand Filter Constructed Wetland Peat Filter Drip Line

Pressurized In-ground Holding Tank Single Pass Other

At-grade Aerobic Treatment Unit Recirculating

V. Dispersal/Treatment Area Information:

1. Design Flow (gpd)	2. Dispersal Area Required	3. Dispersal Area Proposed	4. Soil Application Rate (Gals. /day/sq.ft.)	5. Percolation Rate (Min./inch)	6. System Elevation	7. Final Grade Elevation
----------------------	----------------------------	----------------------------	--	---------------------------------	---------------------	--------------------------

VI. Tank Information

Capacity in Gallons	Total Gallons	# of Tanks	Manufacturer	Material				
				Prefab Concrete	Site Constructed	Steel	Fiber-glass	Plastic
New Tanks	Existing Tanks			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VII. Responsibility Statement

I, the undersigned, assume responsibility for repair/reconnection/rejuvenation/installation of non-plumbing for the POWTS shown on the attached plans. A license is not required for terralift repair or the installation of non-plumbing sanitation system.

Plumber's Name (print) _____ Plumber's Signature (no stamps): _____ MP/MPRS No. _____ Business Phone Number _____

Plumber's Address (Street, City, State, Zip Code) _____

VIII. County Use Only

Approved Disapproved Owner Given Initial Adverse Determination

Sanitary Permit Fee _____ Date Issued _____ Issuing Agent Signature (No stamps) _____

IX. Conditions of Approval/Reasons for Disapproval:
