



## 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

1/4 1/4, Sec

Property Owner's Mailing Address

T N, R E (or) W

Lot Number Block Number

City, State

Zip Code

Phone Number

Subdivision Name or CSM Number

**II Type of Building: (check one)**

1 or 2 Family Dwelling - No. of Bedrooms: \_\_\_\_\_  
 Public/Commercial (describe use): \_\_\_\_\_  
 State-owned

City  Village  Town of

Nearest Road

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

A)  Repair  Reconnection  Non-plumbing  Rejuvenation

Sanitation

Parcel Tax Number(s)

B)  State Sanitary Permit was previously issued

Date Issued

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

<input type="checkbox"/> Non-pressurized In-ground	<input type="checkbox"/> Mound ≥ 24 in. suitable soil	<input type="checkbox"/> Mound ≤ 24 in. suitable soil	<input type="checkbox"/> Mound A+0
<input type="checkbox"/> Sand Filter	<input type="checkbox"/> Constructed Wetland	<input type="checkbox"/> Peat Filter	<input type="checkbox"/> Drip Line
<input type="checkbox"/> Pressurized In-ground	<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Single Pass	<input type="checkbox"/> Other
<input type="checkbox"/> At-grade	<input type="checkbox"/> Aerobic Treatment Unit	<input type="checkbox"/> 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
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VI. Tank Information	Capacity in Gallons		Total Gallons	# of Tanks	Manufacturer	Prefab Concrete	Site Constructed	Steel	Fiber-glass	Plastic
	New Tanks	Existing Tanks								
						<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	<input type="checkbox"/> Disapproved	Sanitary Permit Fee	Date Issued	Issuing Agent Signature (No stamps)
	<input type="checkbox"/> Owner Given Initial Adverse Determination			

**IX. Conditions of Approval/Reasons for Disapproval:**