



Industry Services Division
 4822 Madison Yards Way
 Madison, WI 53705
 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 _____

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 # _____ T _____ N _____ R _____ E or W _____
 Block # _____
 Subdivision Name _____

CSM Number _____
 City of _____
 Village of _____
 Town of _____

III. Type of POWTS Permit: (Check either "New" or "Replacement" and other applicable on line A. Check one box on line B. Complete line C if applicable.)

A. New System Replacement System Other Modification to Existing System (explain) _____ Additional Pretreatment Unit (explain) _____

B. Holding Tank In-Ground (conventional) At-Grade Mound Individual Site Design Other Type (explain) _____

C. Renewal Before Expiration Revision Change of Plumber Transfer to New Owner
 List Previous Permit Number and Date Issued _____

IV. Dispersal/Treatment Area and Tank Information:

Design Flow (gpd) _____ Design Soil Application Rate(gpd/sf) _____ Dispersal Area Required (sf) _____ Dispersal Area Proposed (sf) _____ System Elevation _____

| Tank Information | 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 | | | | | | | | | | |

V. 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) _____

VI. County/Department Use Only

Approved Disapproved Owner Given Reason for Denial _____ Permit Fee \$ _____ Date Issued _____ Issuing Agent Signature _____

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