



Industry Services Division  
 4822 Madison Yards Way 53705  
 PO Box 7162  
 Madison, WI 53705-7162

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 Plan Review Number \_\_\_\_\_  
 PWTS – \_\_\_\_\_ - C  
 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 \_\_\_\_\_  
 Govt. Lot \_\_\_\_\_

City, State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_  
 \_\_\_\_\_ 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 # \_\_\_\_\_  
 Subdivision Name \_\_\_\_\_

CSM Number \_\_\_\_\_  
 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