


WOOD COUNTY 	Sanitary Permit Application in accord with #702 Wood County Private Sewage System Ordinance Personal Information you provide may be used for secondary purposes [Privacy Law s.15.04(1)(m) Stats]	Wood County Planning & Zoning 400 Market Street P.O. Box 8095 Wisconsin Rapids WI 54495-8095 Tel: (715) 421-8466 Fax: (715) 421-8599
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Attach complete plans for the system, on paper not less than 8 1/2 X 11 inches in size

I. Application Information – Please PRINT all information

<u>Property Owner's Name</u>		County Sanitary Permit No:
		State Transaction Number
<u>Property Owner's Mailing Address</u>	<u>Site Address</u>	Parcel Tax Number:
<u>City, State</u>	<u>Zip</u>	Phone Number:
		-

II. Type of Building (check all that apply) <input type="checkbox"/> 1 or 2 Family Dwelling – No. of Bedrooms ___ <input type="checkbox"/> Public/Commercial – Describe Use: _____ <input type="checkbox"/> State Owned – Describe Use _____ <input type="checkbox"/> Other _____	Property Location: Govt Lot ___ Town: _____ ___ 1/4 ___, Section ___, T ___ N R ___ E Subdivision Name: _____ Lot # ___ Block # ___ CSM # _____
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Recording Information: Holding Tank Agreement Doc # _____ Septic Tank Maintenance Affidavit Vol. _____ Page _____ Privy Agreement

III Type of Permit

A. Reconnect Privy Other

B. Sanitary Permit was Previously Issued. Permit Number: _____ 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 suitable soil

Holding Tank Other Dispersal Component (explain) _____ Pretreatment Device (explain) _____

V. Dispersal/Treatment Area Information:

Design Flow-gpd	Design Soil Application Rate- gpdf			Dispersal Area Required-sf	Dispersal Area Proposed sf	System Elevation				
VI. Tank Info	Capacity	in Gal.	Total Gallons	# of Units	Manufacturer	Prefab Concrete	Site Constructed	Steel	Fiber Glass	Plastic
	New	Existing								
Septic/Holding Tank						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dosing Chamber						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VII. Responsibility Statement – I, the undersigned, assume responsibility for installation of the POWTS shown on attached plans.

Plumber's Name (PRINT)	Plumber's Signature	MP/MPRS Number	Business Phone Number
			-
Address (Street, City, State, Zip)			

VIII. County Use Only

<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Permit Fee \$	Date Issued	Issuing Agent Signature