

**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**

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**

County Sanitary Permit No:

Property Owner's NameState Transaction NumberProperty Owner's Mailing AddressSite AddressParcel Tax Number:

-

City, StateZipPhone Number:

-

**II. Type of Building (check all that apply)**

- 1 or 2 Family Dwelling – No. of Bedrooms \_\_\_\_\_
- Public/Commercial – Describe Use: \_\_\_\_\_
- State Owned – Describe Use \_\_\_\_\_
- Other \_\_\_\_\_

Property Location: Govt Lot \_\_

Town: \_\_\_\_\_

\_\_ 1/4 \_\_, Section \_\_, T \_\_ N R \_\_

Subdivision Name:

Lot # \_\_ Block # \_\_ CSM # \_\_\_\_\_

**Recording Information:**  Holding Tank Agreement  Septic Tank Maintenance Affidavit  Privy Agreement

Doc # \_\_\_\_\_ Vol. \_\_\_\_\_ Page \_\_\_\_\_

**III Type of Permit**A.  Reconnect  Privy  OtherB.  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) In Fill  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

Septic/Holding Tank

Dosing Chamber

**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 _____
-----------------------------------	--------------------------------------	---------------------	-------------------	-------------------------------