



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
PLANNING & ZONING DEPARTMENT**
ST. CROIX COUNTY GOVERNMENT CENTER
1101 Carmichael Road
Hudson, WI 54016-7710
(715)386-4680 Fax (715)386-4686

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

Location:

Property Owner Name

1/4 1/4, Sec

T N, R E (or) W

Property Owner's Mailing Address

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

III. Type of Permit: (Check only one box on line A. Check box on line B if applicable)

Parcel Tax Number(s)

- A) 1. Repair 2. Reconnection 3. Non-plumbing Sanitation 4. Rejuvenation

- B) State Sanitary Permit was previously issued

Permit Number

Date Issued

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

- Non-pressurized In-ground
- Sand Filter
- Pressurized In-ground
- At-grade
- Mound ≥ 24 in. suitable soil
- Constructed Wetland
- Holding Tank
- Aerobic Treatment Unit
- Mound ≤ 24 in. suitable soil
- Peat Filter
- Single Pass
- Recirculating
- Mound A+0
- Drip Line
- Other

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 Disapproved Owner Given Initial Adverse Determination
- Sanitary Permit Fee Date Issued Issuing Agent Signature (No stamps)

IX. Conditions of Approval/Reasons for Disapproval: