



# Pierce County Sanitary Permit Application

P.O. Box 647, 414 W. Main St, Ellsworth, WI 54011 Phone: 715-273-6746

In accordance with SPS 383.21(2), Wis. Adm. Code and Pierce County Code Sec. 191. Submission of this form to the appropriate governmental unit is required prior to obtaining a county sanitary permit. Personal information you provide may be used for secondary purposes in accordance with the Privacy Law, s. 15.04(1)(m), Stats.

## I. Application Information – Please Print All Information:

Property Owner's Name			County Permit Number (filled in by County)		
Mailing Address			Site Address		
City, State	Zip Code	Phone Number	Parcel #		

<b>II. Type of Building:</b>		Property Location:			
<input type="checkbox"/> 1 or 2 Family Dwelling – Number of Bedrooms _____		Lot _____ CSM Vol. _____ Pg. _____ or Subdivision _____			
<input type="checkbox"/> Public/Commercial – Describe Use _____		Block _____ Govt. Lot _____ being part of the _____ ¼ of the _____ ¼ of			
<input type="checkbox"/> State Owned – Describe Use _____		Section _____, T _____ N, R _____ E or W (circle one) in the			
		City / Village / Town (Circle one) of _____			

## III. County Sanitary Permit & Fee:

Vault Privy (\$200)  Pit Privy (\$200)  Reconnection (\$200)  Terra-Lift (\$200)  System Repair (\$200)

## IV. Previous Sanitary Permit - Type of POWTS System/Component/Device (Check all that applies):

A.	List Previous Permit Number :	Date Issued (if applicable):
B.	<input type="checkbox"/> Non-Pressurized In-Ground <input type="checkbox"/> Pressurized In-Ground <input type="checkbox"/> At-Grade <input type="checkbox"/> Mound ≥ 24 in. of suitable soil <input type="checkbox"/> Mound < 24 in. of suitable soil <input type="checkbox"/> Holding Tank <input type="checkbox"/> Other Dispersal Component (explain) _____ <input type="checkbox"/> Pretreatment Device (explain) _____	

## V. Previous Sanitary Permit - Dispersal/Treatment Area Information:

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

<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Permit Fee \$	Date Issued	Issuing Agent Signature
<input type="checkbox"/> Owner Given Reason for Denial				

## IX. Conditions of Approval/Reasons for Disapproval

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