

**PIERCE COUNTY WISCONSIN**  
**DEPARTMENT OF LAND MANAGEMENT & RECORDS**  
PLANNING, ZONING, SURVEYING & GIS  
414 W. Main Street P.O. BOX 647  
Ellsworth, Wisconsin 54011  
715-273-6746 OR 715-273-6747  
Fax: 715-273-6864



Private On-Site Wastewater Treatment System (POWTS)  
**RECONNECT**

General Submittal Information Check List:

- Pierce County Sanitary Permit Application
- Sanitary Permit Fee
- Certification Statement to utilize Existing Septic Tank(s)
- Plot Plan
- Existing Soil Test or New Soil Test, if required.
- Per Capita Flow Statement, if required.



# 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 #		

## II. Type of Building:

- 1 or 2 Family Dwelling – Number of Bedrooms \_\_\_\_\_
- Public/Commercial – Describe Use \_\_\_\_\_
- State Owned – Describe Use \_\_\_\_\_

### Property Location:

Lot \_\_\_\_\_ CSM Vol. \_\_\_\_\_ Pg. \_\_\_\_\_ or Subdivision \_\_\_\_\_

Block \_\_\_\_\_ Govt. Lot \_\_\_\_\_ being part of the \_\_\_\_\_ ¼ of the \_\_\_\_\_ ¼ of

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						
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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**CERTIFICATION STATEMENT  
To Utilize Existing Septic Tank(s)**

This is to certify that I have inspected the existing septic and/or dose tank presently serving the following residence:

(Site address) \_\_\_\_\_ located in the  
\_\_\_\_ ¼, \_\_\_\_ ¼ or Gov. Lot #\_\_\_\_, Section \_\_\_\_\_, Town\_\_\_\_ N, Range\_\_\_\_ W  
Town of \_\_\_\_\_, Pierce County, Wisconsin.  
Parcel # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Upon inspection, I certify that I have found the tank(s), to the best of my knowledge, will conform to the requirements of SPS. 384.25, and it (they) appear(s) to be functioning properly.

Most recent date of inspection or service: \_\_\_\_\_  
Did flow back occur from absorption system? Yes \_\_\_\_ No \_\_\_\_ (if no, skip next line.)  
Approximate volume or length of time: \_\_\_\_\_ gallons \_\_\_\_\_ minutes  
Tank Capacity: \_\_\_\_\_  
Tank Construction: Prefab Concrete \_\_\_\_\_ Steel \_\_\_\_\_ Other \_\_\_\_\_  
Manufacturer (if known): \_\_\_\_\_  
Age of Tank (if known): \_\_\_\_\_  
Sanitary Permit number (if known) \_\_\_\_\_

Inspection and form was completed by Wisconsin Licensed Plumber (DSPS Ch. 305 & Sec. 145.06, WI Statutes) OR Wisconsin Licensed Disposer (NR 113, WI Admin. Code):

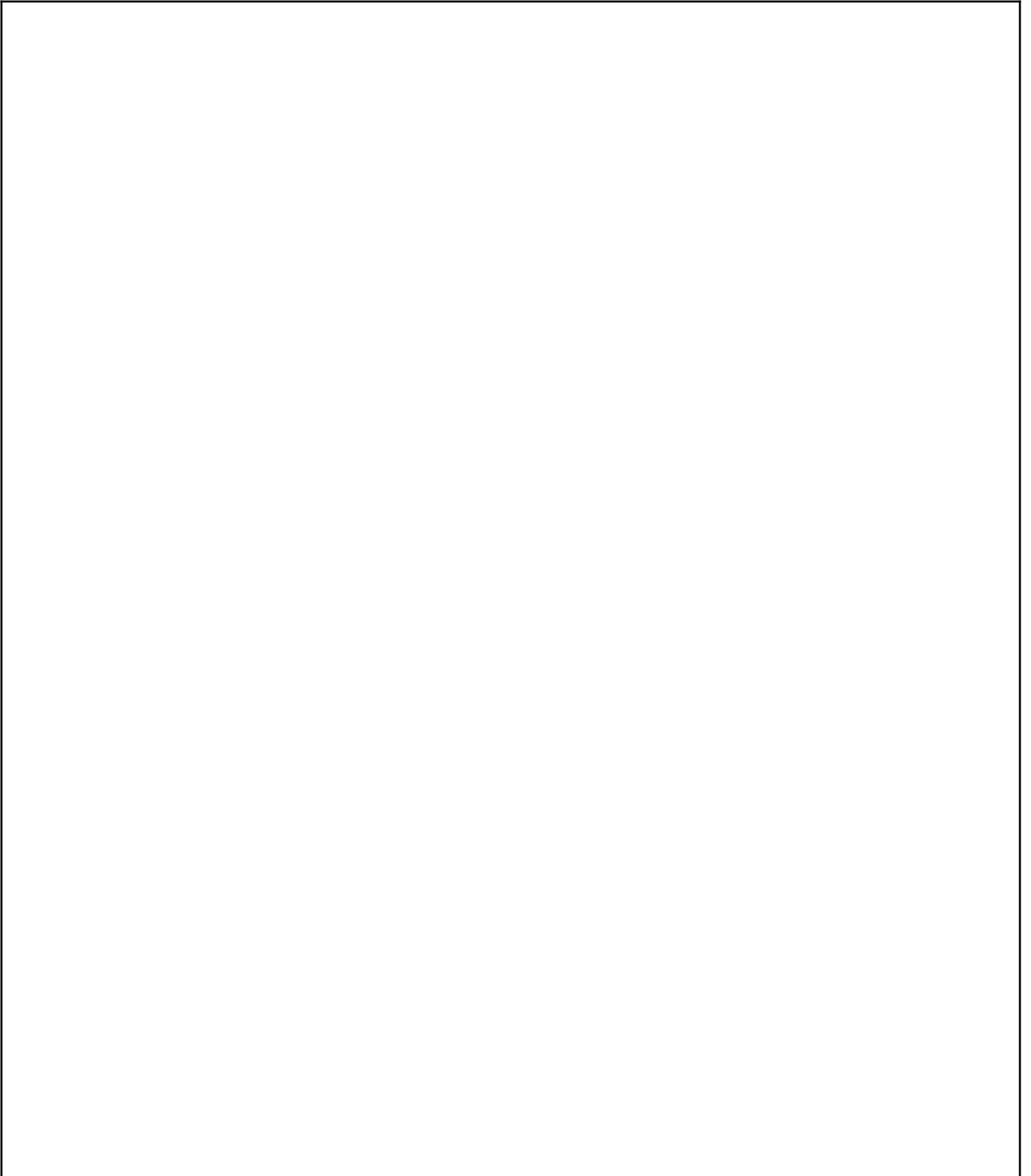
\_\_\_\_\_  
(WI Licensed Plumber/Disposer - Signature)

\_\_\_\_\_  
(WI Licensed Plumber/Disposer - Printed Name)

\_\_\_\_\_  
(Title & License Number)

\_\_\_\_\_  
(Date)

Plot Plan



# Pierce County POWTS Review Checklist

Owner/Address: \_\_\_\_\_

Submittal date: \_\_\_\_\_

Plumber/Designer: \_\_\_\_\_

\*Review within 30 days of receipt

**Yes**   **No**   **N/A**   \*"No" answer indicates insufficient information for permit issuance.

        Was a soil test submitted and on file with Pierce County Land Management Department?

        Was the soil test completed on an EH 115 perk test form?

*The EH 115 perk tests can no longer be used to issue a new sanitary permit. DSPS is allowing supplemental information if EH 115 perk test form was used to design an existing septic system and recommends the following:*

- a single boring for tank replacements, system repairs, or reconnections; and,
- three borings for a dispersal cell installation or replacement.

        Does the soil test verify 3 ft from bottom of drainfield to the limiting factor?

*\*If there is no soil test on file or if the soil test on file was completed on the EH 115 perk test form, a single soil pit or boring should be completed near the drainfield to ensure 3 ft separation to the limiting factor.*

        Is the existing septic system sized appropriately for the current use and number of bedrooms?

*\*Consider any changes that may have taken place which may have an effect on the wastewater flow or influent quality. Common factors include bedroom additions, remodeling, the establishment of home businesses, etc.*

        If undersized (e.g. 3 BR system for a 4 BR home), does the home owner want to  
(a) Increase tank and/or drainfield size to meet current standards?

        Or (b) record a "Per Capita Flow Statement" in the Register of Deed's Office?

        Has the operational state of the dispersal component been verified? Plumber or Pumper needs to write a statement that they completed an inspection of the system and that it is working properly.

        Is the tank water tight in accordance with SPS 384.25(2)?

        Was the system installed within the last 3 years? If so, pumping not required.

        Has the tank been pumped within the last three (3) years? (Not required if Inspected by POWTS Inspector, Plumber, or installed within the last 3 years).

        Plot plan showing existing system and proposed connection?