

# Sanitary Reconnect/Repair-Remediation Permit Application

**Permit Fee: \$250.00**



## Zoning, Planning & POWTS Department

307 Main Street, Suite B03, Black River Falls WI 54615

Ph: 715.284.0220 · Fax: 715.284.0238

[www.co.jackson.wi.us](http://www.co.jackson.wi.us)

In accordance with Chapter 15, Private Sewage System Ordinance. Personal information you provide may be used for secondary purposes.  
[Privacy Law, s. 15.04(1)(m)]

### Application Information – Type of Permit (check one)

- Reconnection
  Repair/Remediation
  Tank Replacement

Property Owner Name:	Plumber Name:
Mailing Address:	Plumber Mailing Address:
City, State, Zip Code	City, State, Zip Code
Phone Number: (     )	Phone Number: (     )
E-mail Address:	E-mail Address:

### Legal Description

Property Address:

Tax Parcel ID Number:	Total Lot Size (Acres):
<input type="checkbox"/> City <input type="checkbox"/> Village	<input type="checkbox"/> Town
¼     ¼, S     T     N, R     E / W	CSM #                      Lot #
Subdivision Name:	Block #                      Lot #

### Existing Sanitary Permit Information

**Existing Sanitary Permit Number:**

#### Type of Building (Check One)

- 1 or 2 Family Dwelling – # of Bedrooms: \_\_\_\_\_  
 Public/Commercial (describe use): \_\_\_\_\_  
 Travel Trailer/Camping Unit  
 State-owned:

#### Existing Sanitary System (Check One)

- |  |   |
|--|---|
| <input type="checkbox"/> At-Grade<br><input type="checkbox"/> Conventional<br><input type="checkbox"/> In-Ground Pressure<br><input type="checkbox"/> Holding Tank | <input type="checkbox"/> Mound<br><input type="checkbox"/> System in Fill<br><input type="checkbox"/> Other (specify) |
|--|---|

### Dispersal/Treatment Area Information

Design Flow (gpd)	Dispersal Area Required	Dispersal Area Proposed	Soil Application Rate (gpd/sq.ft)	System Elevation	Final Grade Elevation

### Tank Information

Capacity (in Gallons)	Manufacturer	Prefab Concrete	Steel	Fiberglass	Plastic	Other
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

### Responsibility Statement:

I, the undersigned, assume responsibility for installation of the Private Sewage System shown on the attached plans.

Plumber Name: (print)	Plumber Signature:	MR/MPRS #	Date:
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**Complete the Plot Plan shown on the reverse side of this application**

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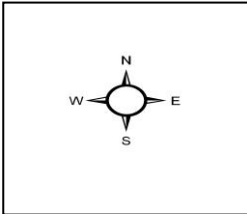
**For Zoning, Planning and POWTS Department Use:**

Sanitary Permit Fee:	Sanitary Permit #:	Issuing Agent:	Date Issued:
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**Other Permit Requirements:**

**Notes:**

## Property Site Plot Plan



Scale  
1:

**Items that MUST be shown on the plot plan:**

- \* Driveway location and distance from septic tank.
- \* Dimensions of the drainfield.
- \* Distances from lot lines to the septic tank & drainfield.
- \* Distance from well to the septic tank & drainfield.
- \* Distance from centerline of road to septic tank & drainfield.
- \* Distance from existing or proposed structure to septic tank & drainfield.
- \* Distance from any river, creek, stream, pond or lake to septic tank & drainfield.

**Note: Proposed Septic Tank & Drainfield location MUST be flagged or staked prior to onsite inspection with the Jackson County Zoning Department.**