

Sanitary Reconnect/Repair-Remediation Permit Application

Permit Fee: \$250.00



Zoning, Planning & POWTS Department

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

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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):

City

Village

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

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:

Complete the Plot Plan shown on the reverse side of this application

