

PRIVATE SEWAGE SYSTEM PLAN REVIEW APPLICATION

PLAN I.D. # _____

PLANS RECEIVED BY: _____ DATE RECEIVED: _____

Owner: _____ Telephone No.: _____
Address: _____ City: _____ State: _____ Zip: _____

Project Site Name: _____ Location, Number and Street of Project: _____

Subdivision & Lot #: _____ Municipality: _____

Legal Description: 1/4 1/4 Section _____ 1/4 Section _____ Section # _____ Township _____ Range _____

- New Construction Aerobic Treatment Unit(s) Anchoring of System Components Required Chlorinator
 Replacement of System Commercial System Metering and/or Monitoring Required UV Disinfection Unit

Water Supply: Private Well: _____ Semiprivate Well: _____ Non-Community _____ Municipal: _____

Proposed Private Sewage Disposal System: _____ Gallons To Be Treated Per Day: _____

Licensed Plumber or Designer must attach detailed scaled plans of the proposed construction indicating lot size with dimension showing the system, type of system to be constructed, the dimensions of the system to be installed showing type of material, utilities, distances to water lines, water wells, (including wells on neighboring property if they are near the property line), portable water storage tanks, buildings, lot lines, location of soil tests, site elevations and ground surface elevations sufficient to determine the elevation of system components and the slope of the ground surface, depth of limiting factor.

I certify that the attached information is complete and correct and that, if approved, the work will conform with the current Wisconsin department of Commerce POWTS Component Manual for materials and construction.

Printed Name of Applicant (Plumber/Designer) License # Date Signature of Applicant (Plumber/Designer)

Plan Review Amount Due (See attached Fee Schedule) _____ (Make checks payable to "Waukesha County")

FOR THE MOST CURRENT APPLICATION FORM, CHECK OUR WEBSITE AT: www.waukeshacounty.gov/eh PAID BY: Check Charge

(For Office Use)

Name of Waukesha County Plan Reviewer: _____ Soil Test Reviewed/Approved By: _____

Date Plan Reviewed With Area Sanitarian: _____ Additional Information Requested: Yes _____ No _____

Plan Approval Date: _____

Plumber/Designer or Submitter Notified: Date _____
(Circle one of the above)

Date Plan Approval Entered into Waukesha County Database: _____

SYSTEM TYPE(S)	NOTE: Submit separate sheets for each system if submitting multiple systems on the same site.	Enter Fee
<input type="checkbox"/> Revision to previously approved plan <input type="checkbox"/> Miscellaneous Review (\$60/hr for replacement of a septic tank, addition of an effluent filter or pretreatment device to an existing system, etc.)		\$85 \$80/hr _____
<input type="checkbox"/> Component Manual <input type="checkbox"/> At-Grade Component Manual, SBD-10570-P (R.6/99) <input type="checkbox"/> Conventional POWTS Component Manual, SBD-10567-P (R.6/99) <input type="checkbox"/> Drip-Line Dispersal Component Manual, SBD-10657-P (N.6/99) <input type="checkbox"/> Ezflow Mound Component Manual, (N.6/03) <input type="checkbox"/> Infiltrator Chamber Mound Component Manual (Version 5.0) (8/11/04) <input type="checkbox"/> In-ground POWTS Component Manual, SBD-10705-P (N.01/01) <input type="checkbox"/> Mound Component Manual, SBD-10572-P (R.6/99) <input type="checkbox"/> Mound Component Manual – Version 2.0, SBD-10691-P (N.01/01) <input type="checkbox"/> Moving Bed Biofilm Reactor, (MBBR) Component Manual (04/02) <input type="checkbox"/> Multi-Flo ATU with Drip-Line Dispersal Component Manual (10/01) <input type="checkbox"/> Pressure Distribution Component Manual, SBD-10573-P (R.6/99) <input type="checkbox"/> Pressure Distribution Component Manual – Version 2.0, SBD-10706-P (N.01/01) <input type="checkbox"/> Recirculating Sand Filter Component Manual, SBD-10628-P (R.6/99) <input type="checkbox"/> Single Pass Sand Filter Component Manual, SBD-10595-P (R.6/99) <input type="checkbox"/> Split Bed Recirculating Sand Filter Component Manual, SBD-10656-P (N.6/99) <input type="checkbox"/> Other - Specify _____	Design Wastewater Flow in Gallons Per Day _____ GPD	All treatment components are previously approved under s. Comm 84.10 (2) or (3): Design wastewater flow of the proposed system: 1,000 gpd or less \$250.00 1,001 – 2,000 gpd \$325.00 2,001 – 5,000 gpd \$400.00 greater than 5,000 gpd \$450.00 plus \$0.08 for each gallon over 5000 gpd.
<input type="checkbox"/> Individual Site Design* <input type="checkbox"/> At Grade <input type="checkbox"/> Non-Pressurized In-ground Not for Waukesha County <input type="checkbox"/> Pressurized In-ground <input type="checkbox"/> Mound <input type="checkbox"/> Dripline <input type="checkbox"/> Constructed Wetlands * Documentation must be provided to support treatment and dispersal claims. In a separate statement, provide rationale for the project and attach supporting documents (code sections, test reports, technical papers, research articles, etc.)	Design Wastewater Flow in Gallons Per Day _____ GPD	One or more treatment components are not previously approved under s. Comm 84.10 (2) or (3): (Individual site design/deviation from component manuals and use of components without product approval): Design wastewater flow of the proposed system: 1,000 gpd or less \$450.00 1,001 – 2,000 gpd \$600.00 2,001 – 5,000 gpd \$750.00 greater than 5,000 gpd \$900.00 plus \$0.08 each gallon over 5000 gpd
<input type="checkbox"/> Holding Tank Individual Site Design <input type="checkbox"/> Site Constructed Holding Tank Not for Waukesha County	Design Wastewater Flow in Gallons Per Day _____ GPD	Holding tanks NOT previously approved under s. Comm 84.10 (2) or (3) and site constructed tanks. Design wastewater flow of the proposed system: 5,000 gpd or less \$120.00 5,001 – 10,000 gpd \$200.00 greater than 10,000 gpd \$300.00
<input type="checkbox"/> Holding Tank Component Manual, SBD-10571-P (R.6/99)	Design Wastewater Flow in Gallons Per Day _____ GPD	Holding tanks previously approved under s. Comm 84.10 (2)(3). Design wastewater flow of the proposed system: 5,000 gpd or less \$90.00 5,001 – 10,000 gpd \$150.00 greater than 10,000 gpd \$225.00
<input type="checkbox"/> Soil Saturation Determination Report (using observation pipes)	<input type="checkbox"/> Interpretive Determination Not for Waukesha County	\$240.00 _____
<input type="checkbox"/> Experimental System (One time additional fee. Submit fee for individual system as per appropriate above system type)	Experiment Number _____ Not for Waukesha County	\$400.00 _____

Total

