

**BURNETT COUNTY LAND SERVICES
7410 COUNTY ROAD K, #120
SIREN, WISCONSIN 54872
715-349-2109**

POWTS CONNECTION/RECONNECTION PERMIT APPLICATION (FEE: \$150)

NOTE: A PLOT PLAN IS REQUIRED TO BE SUBMITTED WITH THIS APPLICATION

Application Information (Type or Print)

Property Owner Name			Property Legal Description GL 1/4 1/4, S T N, R W	
Property Owner's Mailing Address			Property Site Address (if different than mailing address)	
City, State	Zip Code	Owner's Phone Number ()	City, State Code	Zip

Type of Building Being Connected: (Check one) <input type="checkbox"/> 1 or 2 Family Dwelling - No. of Bedrooms: _____ <input type="checkbox"/> Public <input type="checkbox"/> Commercial		<input type="checkbox"/> Town of <input type="checkbox"/> Village
Describe uses and design flows for the building being connected:		Parcel Identification Number OR Tax ID:
Type of Permit*: <input type="checkbox"/> POWTS Reconnection <input type="checkbox"/> POWTS Connection State Sanitary Permit number in question: County # _____ State # _____	*Reconnection Permit: required when a new or existing structure is to be connected to an existing POWTS (Including but not limited to: structure additions, full/partial structure rebuilds, any new structures with plumbing) *Connection Permit: required when the sanitary permit expired without a structure being connected to the installed POWTS. Check with Burnett County Land Services Dept. for further clarification	

NOTE: A SOIL BORING IS REQUIRED TO BE SUBMITTED WITH THIS APPLICATION IF THE SYSTEM WAS INSTALLED BEFORE 1/1/2000 OR UPON REQUEST

Holding/Septic Tank

Manufacturer/Material/Capacity		Effluent Filter Condition:	
Tank Condition	Baffle Condition	Manhole Cover/Riser Condition	
Comments			

Note: Manhole must be securely fashioned in accordance with all WI Administrative Codes

NPP-22-_____ Owner _____ Tax ID _____
 Permit Issued (Date) _____
 1/4 _____ 1/4 Gov't Lot _____ Lot _____ Town _____
 Subdivision _____ CSM Vol. _____ Pg _____ S _____ T _____ N R _____
 Floodplain _____ Zoning District _____
FOR OFFICE USE
 Fee Rec: _____
 Check #: _____
THIS SIDE LAND SERVICES STAFF ONLY - RECEIVED STAMP

Dispersal Component: (Does not apply to Holding Tanks)

Dimensions (Square Feet)	Total Dispersal Area (Square Feet)	Cells Flooded/Ponded
System Elevation in Relation to Soil Boring (System installed before 1/1/2000)		Benchmark Information

Sanitary System Failure: (Mark correct response)

SEPTIC SYSTEM BACKING UP/DISCHARGING INTO STRUCTURE?	YES	NO
SEPTIC SYSTEM DISCHARGING TO GROUND SURFACE?	YES	NO
SEPTIC SYSTEM DISCHARGING TO GROUNDWATER OR SURFACE WATER?	YES	NO

Responsibility Statement:

I, the undersigned, assume responsibility for all POWTS activity for which this permit is issued, and attest that all information stated on this permit form or on any attached documents is correct to the best of my abilities.

Plumber's Name (print)	Plumber's Signature:	MP/MPRS #:	Business Phone Number:
Plumber's Address:		City, State:	Zip Code:

Burnett County Office Use Only:

<input type="checkbox"/> Approved	Fee Collected:	DSPS Cred. No.	Date Issued	Issuing Agent Signature
<input type="checkbox"/> Disapproved (Reason to be conveyed in writing)				
Conditions of Approval /Reasons for Disapproval:				
Other Comments:				