

APPLICATION FOR A COUNTY SANITARY PERMIT (RECONNECT)

Buffalo County Zoning Department

Date: _____	Office Use Only: Received by (staff initial): _____	Date Received: _____	Issue No. _____
-------------	--	----------------------	-----------------

Owner: _____	Plumber Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone #: _____	Phone #: _____

Responsibility Statement: I, the undersigned, assume responsibility for the reconnection of the POWTS described. The undersigned agrees that all work will be done in accordance with the Buffalo County Sanitary Ordinance and all other applicable ordinances of the County of Buffalo and all laws of the State of Wisconsin, applicable to said premises and with the information herein:

Plumbers Signature: _____	License # _____
---------------------------	-----------------

Legal Description: (may be found on your real estate tax statement)

Parcel #: _____ Town of: _____ Section: _____

Type of POWTS (Private on-site Wastewater Treatment System)				
Type	Manufacturer	Capacity	Original Permit Date	Original Permit #
At-Grade		Gallons		
Holding Tank		Gallons		
Non-Press In-Ground		Gallons		
Mound		Gallons		
Other		Gallons		

Distance from Tank to: If any distances are greater than 150 feet, indicate as >150'

Property Line	_____ feet	Well	_____ feet	_____ feet
Navigable Water	_____ feet	Structure	_____ feet	_____ feet
Water Service Line	_____ feet			

Distance from Drainfield to:

Property Line	_____ feet	Well	_____ feet	_____ feet
Navigable Water	_____ feet	Structure	_____ feet	_____ feet
Water Service Line	_____ feet			

Miscellaneous:

Septic/dosing tank contents pumped:	<input type="checkbox"/> yes <input type="checkbox"/> no	Gallons: _____	Date: _____
Septic/dosing tank conditions checked:	<input type="checkbox"/> yes <input type="checkbox"/> no		Date: _____

INSPECTION CERTIFICATION

I certify that the above described Private On-Site Wastewater Treatment System (POWTS) has been inspected, is in proper operating condition, and meets all Wisconsin Administrative Code regulations.

Inspector/ Plumber Signature: _____ Date of Inspection: _____

Company Name: _____ License # _____

