

**APPENDIX**

**CHAPTER ILHR 83  
WIS. ADM. CODE**

**FORMS USED BY THE DEPARTMENT  
IN ADMINISTRATION OF THIS  
ADMINISTRATIVE CODE**

**INSTRUCTIONS AND EXAMPLE OF  
SIZING PRESSURE DISTRIBUTION SYSTEMS**





## SANITARY PERMIT APPLICATION

In accord with ILHR 83.05, Wis. Adm. Code

-Attach complete plans (to the county copy only) for the system, on paper not less than 8 1/2 x 11 inches in size.

-See reverse side for Instructions for completing this application.

## I. APPLICANT INFORMATION - PLEASE PRINT ALL INFORMATION.

PROPERTY OWNER		PROPERTY LOCATION		COUNTY																	
PROPERTY OWNER'S MAILING ADDRESS		LOT #		STATE SANITARY PERMIT #																	
GTY. STATE		PHONE NUMBER		<input type="checkbox"/> Check if revision to previous application																	
ZIP CODE		SUBDIVISION NAME OR CSM NUMBER		STATE PLAN I.D. NUMBER																	
II. TYPE OF BUILDING: (Check one) <input type="checkbox"/> State Owned		<input type="checkbox"/> CITY		NEAREST ROAD																	
<input type="checkbox"/> Public <input type="checkbox"/> 1 or 2 Fam. Dwelling - # of bedrooms		<input type="checkbox"/> VILLAGE																			
		<input type="checkbox"/> TOWN																			
		PARCEL TAX NUMBER(S)																			
III. BUILDING USE: (if building type is public, check <u>all</u> that apply)																					
1 <input type="checkbox"/> Apt/Condo		6 <input type="checkbox"/> Medical Facility/Nursing Home		10 <input type="checkbox"/> Outdoor Recreational Facility																	
2 <input type="checkbox"/> Assembly Hall		7 <input type="checkbox"/> Merchandise: Sales/Repairs		11 <input type="checkbox"/> Restaurant/Bar/Dining																	
3 <input type="checkbox"/> Campground		8 <input type="checkbox"/> Mobile Home Park		12 <input type="checkbox"/> Service Station/Car Wash																	
4 <input type="checkbox"/> Church/School		9 <input type="checkbox"/> Office/Factory		13 <input type="checkbox"/> Other: Specify _____																	
5 <input type="checkbox"/> Hotel/Motel																					
IV. TYPE OF PERMIT: (Check only one in line A. Check line B if applicable)																					
A) 1. <input type="checkbox"/> New System    2. <input type="checkbox"/> Replacement System    3. <input type="checkbox"/> Replacement of Tank Only    4. <input type="checkbox"/> Reconnection of Existing System    5. <input type="checkbox"/> Repair of an Existing System																					
B) <input type="checkbox"/> A Sanitary Permit was previously issued. Permit # _____ Date Issued _____																					
V. TYPE OF SYSTEM: (Check only one)																					
Non-Pressurized Distribution		Pressurized Distribution		Experimental																	
11 <input type="checkbox"/> Seepage Bed		21 <input type="checkbox"/> Mound		30 <input type="checkbox"/> Specify Type _____																	
12 <input type="checkbox"/> Seepage Trench		22 <input type="checkbox"/> In-Ground Pressure		41 <input type="checkbox"/> Holding Tank																	
13 <input type="checkbox"/> Seepage Pit				42 <input type="checkbox"/> Pit Privy																	
14 <input type="checkbox"/> System-In-Fill				43 <input type="checkbox"/> Vault Privy																	
VI. ABSORPTION SYSTEM INFORMATION:																					
1. GALLONS PER DAY	2. ABSORP. AREA REQUIRED (sq. ft.)	3. ABSORP. AREA PROPOSED (sq. ft.)	4. LOADING RATE (Gal's/day/sq. ft.)	5. PERC. RATE (Min./inch)	6. SYSTEM ELEV. Feet	7. FINAL GRADE ELEVATION Feet															
VII. TANK INFORMATION		CAPACITY in gallons		Total Gallons		# of Tanks		Manufacturer's Name		Prefab. Concrete		Site Constructed		Steel		Fiber-glass		Plastic		Exper. App.	
Septic Tank/ Holding Tank		New Tanks		Existing Tanks																	
Lift Pump Tank/ Siphon Chamber																					
VIII. RESPONSIBILITY STATEMENT																					
I, the undersigned, assume responsibility for installation of the on-site sewage system shown on the attached plans.																					
Plumber's Name (Print):						Plumber's Signature (No Stamp)						MP/MSRW No.:						Business Phone Number:			
Plumber's Address (Street, City, State, Zip Code):																					
IX. COUNTY/DEPARTMENT USE ONLY																					
<input type="checkbox"/> Approved		<input type="checkbox"/> Disapproved		Sanitary Permit Fee (includes groundwater exchange fee)				Date Issued				Sewer Agent Signature (No Stamp)									
		<input type="checkbox"/> Owner Given Initial																			
		Adverse Determination																			
X. CONDITIONS OF APPROVAL/REASONS FOR DISAPPROVAL:																					



**SANITARY PERMIT  
TRANSFER/RENEWAL  
(PLB 67-T)**

\_\_\_\_\_ COUNTY  
UNIFORM PERMIT # \_\_\_\_\_

PERMIT RENEWAL DATE:	PERMIT TRANSFER DATE:	ORIGINAL PERMIT ISSUANCE DATE:	STATE PLAN I.D. NUMBER:
PROPERTY LOCATION: ¼      ¼ S      T      N, R      E (or) W		CITY: VILLAGE: TOWN OF:	
LOT NUMBER:	BLOCK NUMBER:	SUBDIVISION NAME:	NEAREST ROAD, LAKE OR LANDMARK:

PREVIOUS SANITARY PERMIT HOLDER (IF CHANGED):

SANITARY PERMIT TRANSFERRED TO:

NAME:	SIGNATURE:	NAME:	PHONE NUMBER:
ADDRESS:	PHONE NUMBER:	ADDRESS:	

I, the undersigned, hereby assume responsibility for installation of the private sewage system that has previously been approved for this property.

PLUMBER'S SIGNATURE:	PREVIOUS PLUMBER'S NAME (IF CHANGED):		
PLUMBER'S ADDRESS:	PREVIOUS PLUMBER'S ADDRESS:		
MP/MPSW NUMBER:	PHONE NUMBER: (      )	MP/MPSW NUMBER:	PHONE NUMBER: (      )

SIGNATURE OF ISSUING AGENT:	DATE APPROVED:
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**DISTRIBUTION:** Original - County  
Copy - Bureau of Plumbing  
Copy - Owner  
Copy - Plumber

DILHR-SBD-6399 (R. 5/82)

PLB 68

\_\_\_\_\_ COUNTY

# SANITARY PERMIT

OWNER \_\_\_\_\_

PLUMBER \_\_\_\_\_ LIC. # \_\_\_\_\_

TOWN OF \_\_\_\_\_ LOCATED \_\_\_\_\_

\_\_\_\_\_ SEC \_\_\_\_\_ T \_\_\_\_\_ N/R \_\_\_\_\_

AND/OR LOT \_\_\_\_\_ BLOCK \_\_\_\_\_

\_\_\_\_\_ SUBDIVISION

**CHAPTER 145.135 WISCONSIN STATUTES**

(a) The purpose of the sanitary permit is to allow installation of the private sewage system described in the application for permit.

(b) The approval of the sanitary permit is based on regulations in force on the date of issue.

(c) The sanitary permit is valid for 2 years from original date of issuance and may be renewed for similar periods thereafter. Application for renewal shall be made through the county and shall comply with regulations in effect at the time.

(d) Changed regulations will not impair the validity of a sanitary permit until the time of renewal.

(e) Renewal of the sanitary permit will be based on regulations in force at the time renewal is sought. Changed regulations may require renewal.

(f) The sanitary permit is transferable. A sanitary permit transfer shall be obtained from the county authority.

\* If you wish to renew the permit, or transfer ownership of the permit, please contact the county authority.

\_\_\_\_\_ AUTHORIZED ISSUING OFFICER - DATE \_\_\_\_\_

THIS PERMIT EXPIRES \_\_\_\_\_ UNLESS RENEWED BEFORE THAT DATE

# POST IN PLAIN VIEW

VISIBLE FROM THE ROAD FRONTING THE LOT  
DURING CONSTRUCTION

PLB 68-T

COUNTY

# SANITARY PERMIT

No. \_\_\_\_\_

## TRANSFER/RENEWAL

OWNER \_\_\_\_\_

PLUMBER \_\_\_\_\_ LIC. # \_\_\_\_\_

TOWN OF \_\_\_\_\_ LOCATED \_\_\_\_\_

\_\_\_\_\_ SEC. \_\_\_\_\_ T. \_\_\_\_\_ N.R. \_\_\_\_\_

AND/OR LOT \_\_\_\_\_ BLOCK \_\_\_\_\_

\_\_\_\_\_ SUBDIVISION

\_\_\_\_\_ AUTHORIZED ISSUING OFFICER - DATE \_\_\_\_\_

THIS PERMIT EXPIRES \_\_\_\_\_ UNLESS RENEWED BEFORE THAT DATE

# POST IN PLAIN VIEW

VISIBLE FROM THE ROAD FRONTING THE LOT  
DURING CONSTRUCTION

DILHR 580 6/98 (Rev. 04/92)

**CHAPTER 145.135 WISCONSIN STATUTES**

(a) The issuance of the sanitary permit is to allow installation of the private sewage system described on the application for permit.

(b) The approval of the sanitary permit is based on regulations in force on the date of issue.

(c) The sanitary permit is valid for 2 years from original date of issuance and may be renewed for similar permits thereafter. Application for renewal shall be made through the county and shall comply with regulations in effect at the time.

(d) Changed regulations will not impact the validity of a sanitary permit until the time of renewal.

(e) Renewal of the sanitary permit will be based on regulations in force at the time renewal is sought. Changes regulations may impact renewal.

(f) The sanitary permit is transferable. A sanitary permit transfers valid jurisdiction from the county's authority.

\* If you wish to return the permit, or transfer ownership of the permit, please contact the county authority.

Wisconsin Department of Industry,  
Labor and Human Relations  
Safety & Buildings Division  
Bureau of Building Water Systems  
Inspection Date

**INSPECTION  
REPORT**

Name of Premises		Address or Legal Description	City/Township	County
Master Plumber Name and Address		Master Plumber Firm Name and Address		Plan I.D. No. Sanitary Permit No.
Journeyman Plumber/Soil Tester		Licensed Person's Name(s) and License Number(s)		
Owner's Name and Address				

Page \_\_\_\_\_ of \_\_\_\_\_

Original: District  DILHR  Plumber  Owner  County/Local Insp.  Other

Copies to: (Check all that apply)

Signature of Responsible Licensed Person (only one needed)
Signature of Plumbing Consultant/Private Sewer Consultant

880-6102 (R. 11/90)

Wisconsin Department of Industry,  
Labor and Human Relations  
Safety and Buildings Division

**PRIVATE SEWAGE SYSTEM  
INSPECTION REPORT  
(ATTACH TO PERMIT)**

County:
Sanitary Permit No.:
State Plan ID No.:
Parcel Tax No.:

**GENERAL INFORMATION**

Form-1 Holder's Name:		<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of:	
CSTBM Elev.:	Insp. BM Elev.:	BM Description:	

**TANK INFORMATION**

TYPE	MANUFACTURER	CAPACITY
Septic		
Dosing		
Aeration		
Holding		

**ELEVATION DATA**

STATION	BS	HI	FS	ELEV.
Benchmark				
Bldg Sewer				
St/Ht Inlet				
St/Ht Outlet				
DI Inlet				
DI Bottom				
Header / Man.				
Dist. Pipe				
Bot System				
Final Grade				

**TANK SETBACK INFORMATION**

TANK TO	P/L	WELL	BLDG.	Vent to Air Intake	ROAD
Septic					NA
Dosing					NA
Aeration					NA
Holding					

**PUMP / SIPHON INFORMATION**

Manufacturer		Demand	
Model Number		GPM	
TDH	Lift	Friction Loss	System Head
Force main	Length	Dia.	Dist To Well

**SOIL ABSORPTION SYSTEM**

BED / TRENCH DIMENSIONS	Width	Length	No. Of Trenches	PIT DIMENSIONS	No. Of Pits	Grade Dia.	Liquid Depth
SETBACK INFORMATION	SYSTEM TO			LAKE / STREAM	LEACHING CHAMBER OR UNIT	Manufacturer:	
	Type Of System:					Model Number:	

**DISTRIBUTION SYSTEM**

Reader/Manifold	Distribution Pipes	Manhole	Manhole Spacing	Vent To Air Intake
Length Dia	Length Dia Spacing	x Hole Size	x Hole Spacing	

**SOIL COVER**

x Pressure Systems Only    xx Mound Or At-Grade Systems Only

Depth Over Bed / Trench Center	Depth Over Bed / Trench Edges	xx Depth Of Topsoil	xx Seeded / Sodded	xx Mulched
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

COMMENTS: (Include code discrepancies, persons present, etc.)

Plan revision required?  Yes  No  
Use other side for additional information.  
SBD-6710 (R 05/91)

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Date

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Inspector's Signature

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Cert No.



Wisconsin Department of Industry,  
Labor and Human Relations

**SOIL DESCRIPTION REPORT**  
(Attach Soil Profile Location Map - To Scale - On A Separate, Signed Sheet)

Safety & Buildings Division  
P.O. Box 7969  
Madison, WI 53707

Page \_\_\_ of \_\_\_

Customer Name		Soil Evaluation Date	Current Land Use or Vegetative Cover		Parent Materials
Customer Address			Estimated Shallowest Groundwater		Flood Plain Elevation
County	Tax Parcel No.		System Loading Rate in Gallons Per Sq. Ft. Per Day		
Lot Legal Description			System Geometry and Depth		Slope and Aspect

Horizon	Depth In.	Dominant Color Munsell	Mottles		Texture	Structure Gr. Sz. Sh.	Consistence	Roots	Boundary	Remarks: clayskins pores, pH, and other	Loading GPD/ft <sup>2</sup>
			Qu. Sz.	Cont. Color							

Additional Remarks:

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Other Site Features:

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Limiting Factors/Depth: \_\_\_\_\_ CST Signature \_\_\_\_\_ Date Signed \_\_\_\_\_ Telephone No. \_\_\_\_\_ CST # \_\_\_\_\_

SD-8330 (N. 01/90)

# INDUSTRY, LABOR & HUMAN RELATIONS

ILHR 83 Appendix

361

NOTE: Original Typed, Printed Or Written Form Must Be Submitted  
REPORT ON SOIL BORINGS AND PERCOLATION TESTS

to  
DEPARTMENT OF INDUSTRY, LABOR AND HUMAN RELATIONS, DIVISION OF SAFETY AND BUILDINGS  
(Pursuant to H 65.06, Wisconsin Administrative Code)

NAME OF SUBDIVISION \_\_\_\_\_

CITY \_\_\_\_\_

VILLAGE \_\_\_\_\_

LOCATION OF SUBDIVISION: TOWN \_\_\_\_\_ OF \_\_\_\_\_ COUNTY \_\_\_\_\_ SECTION \_\_\_\_\_ ; TOWN \_\_\_\_\_ N: RANGE \_\_\_\_\_ W \_\_\_\_\_  
(Check One)

NAME OF OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_ (Number & Street) \_\_\_\_\_ (Place) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

NAME OF SUBDIVIDER \_\_\_\_\_

ADDRESS \_\_\_\_\_ (Number & Street) \_\_\_\_\_ (Place) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

SUBDIVISION WATER SUPPLY FROM: PUBLIC WATER SUPPLY \_\_\_\_\_ PRIVATE WELLS \_\_\_\_\_

SUBDIVISION DATA: AREA IN ACRES \_\_\_\_\_ NUMBER OF LOTS \_\_\_\_\_ MINIMUM LOT AREA, SQUARE FEET \_\_\_\_\_

DISTANCE TO NEAREST NAVIGABLE SURFACE WATER \_\_\_\_\_ FEET, (IF WITHIN 1/2 MILE)

NAME OF LAKE OR STREAM \_\_\_\_\_

DATES OBSERVATIONS MADE: SOIL BORINGS \_\_\_\_\_ PERCOLATION TESTS \_\_\_\_\_

BORING NUMBER	TOTAL DEPTH (IN-FT)	DEPTH TO GROUND WATER (IN-FT)		CAPACITY OF EACH SOIL LAYER WITHIN GROUNDWATER
		OBVIOUS	ESTIMATED (G-TEST)	
1-				
2-				
3-				
4-				
5-				
6-				
7-				
8-				
9-				
10-				
11-				
12-				
13-				
14-				
15-				
16-				
17-				
18-				
19-				
20-				
21-				
22-				
23-				
24-				
25-				
26-				
27-				
28-				
29-				
30-				

NOTE: IF SPACE IS INADEQUATE TO REPORT ALL SOIL BORINGS, USE ADDITIONAL FORMS.  
DILHR 83-D-6309 (N. 12.83) OVER





ON-SITE INVESTIGATION FOR  
 CONVENTIONAL SYSTEM IN-FILL

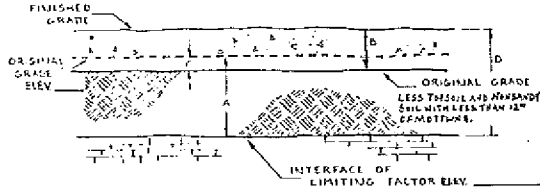
Safety & Buildings Division  
 Bureau of Plumbing  
 P.O. Box 7859  
 Nashville, TN 37207

Owner Name		Legal Description	
Building Usage: <input type="checkbox"/> New Building <input type="checkbox"/> Replacement System		<input type="checkbox"/> Public <input type="checkbox"/> Residential    No. of Bedrooms	
Source Feet Soil Description System Requirements	Depth in Inches to Limiting Factor from Original Grade	Fill is Placed to Overcome Depth To: <input type="checkbox"/> Groundwater <input type="checkbox"/> Bedrock	Fill placed 20 Feet Around Area (Per Code For Industrial And Workman Area)    Yes <input type="checkbox"/> No <input type="checkbox"/>
Are Fill Plants:	Soil Removed Prior to Placement of Fill?    Yes <input type="checkbox"/> No <input type="checkbox"/>	Vegetation Removed Prior to Placement of Fill?    Yes <input type="checkbox"/> No <input type="checkbox"/>	Restrictions Required?    Yes <input type="checkbox"/> No <input type="checkbox"/>
Volume of Fill: Actual Load or Existing Soil?	Indicate Feature of Fill Material:	Does Fill Conform To Section M 83, 916? (1978 State Code)    Yes <input type="checkbox"/> No <input type="checkbox"/>	

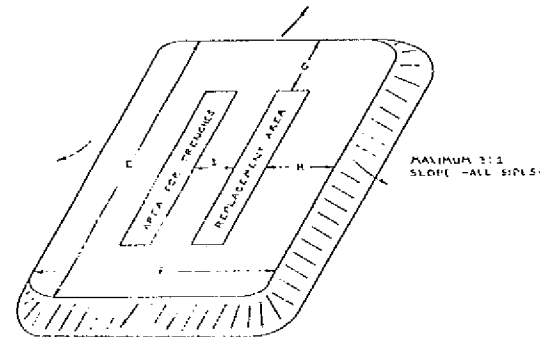
Explain Any Problems:

Complete The Following:

Bench Mark Elevation As Established On 115 \_\_\_\_\_ Finished Grade Elevation \_\_\_\_\_



Depth to Limiting Factors	
A	Depth of Fill Material:
B	Depth of Topsoil and Nonsandy Soil With Less Than 12% of Moisture:
C	Finished Depth to Limiting Factors:
D	



Total Length of Area Filled:	
E	
Total Width of Area Filled:	
F	
Elevation From Proposed Edge of Trench To Edge of Fill (min. 20%)	
G	
Elevation From Proposed Edge of Trench To Edge of Fill (min. 20%)	
H	
Separation of Trenches (min. 6")	
I	

Signature of County Representative/On-Site Waste Specialist

ENR 830-6165 (R-02/83)

Name: \_\_\_\_\_

Date: \_\_\_\_\_



**INDUSTRY, LABOR & HUMAN RELATIONS** 365  
**ILHR 83 Appendix**

Wisconsin Department of Industry,  
 Labor and Human Relations  
 Safety and Buildings Division

**GROUNDWATER LEVEL MONITORING REPORT**  
 (Hydrograph Method)

Office of Division Codes & Application  
 P.O. Box 7363  
 Madison, WI 53707  
 (608) 266-3315

Provide location description below:

County	Tax Parcel Number	Location	Section
Township/Municipality	Lot No.	1/4      1/4	1/4      N/R      E(O)W
Owner's/Buyer's Name		Subdivision Name/C.S.M. Number	
Owner's/Buyer's Name		Owner's/Buyer's Mailing Address	

See instructions on the reverse side for items 1, 2 and 3 below.

<b>R E C O R D A T A</b>	1a. Observation Well Identification Number ..... 1b. Observation Well Name (if applicable) ..... 1c. Existing Water Level in Observation Well ..... Date Observation Made ..... 1d. Assigned High Water Level ..... 1e. Calculated Adjustment Factor .....
<b>O P T I O N A L</b>	2a. Depth To Water Level At Proposed Location ..... Date Observation Made ..... 2b. Calculated Adjustment Factor (if applicable) ..... 2c. Maximum Depth Of Suitable Soil ..... 2d. Estimated High Groundwater Level ..... 3a. Observation Well Surface Elevation ..... 3b. Estimated U.S.G.S. Elevation At Boring ..... 3c. Recommended Private Sewage System ..... 3d. Recommended Private Sewage System Elevation .....
CST Comments:	

**CERTIFIED SOIL TESTER VERIFICATION:**

I, the undersigned, certify that the data reported on this form was obtained by me in accordance with the procedures and methods specified, and that the data recorded and the location of the tests are correct to the best of my knowledge and belief.

Name (print)	Certification Number	Telephone Number (optional)
Address		CST Signature

**COUNTY PERSONNEL VERIFICATION:**

County Personnel Comments

I, the undersigned, verify the information recorded on this form is accurate and correct to the best of my knowledge and belief.

On-Site Inspection Date (if applicable)	Signature of County Authority	Title
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58D 7387 (4-85-86)

Copy Distribution: White - County; Yellow - D.I.H.R.; Green - Property Owner; Pink - Soil Tester

## GROUNDWATER MONITORING REPORT INFORMATION AND INSTRUCTIONS

ILHR 83.09 (2) (b) states in part: "Where sites are subject to broad regional water tables, such as large areas of sand, soils, the fluctuation of observation wells over the several year cycle must be considered." The Hydrograph method of groundwater monitoring is available for sites which meet these criteria. A soil boring report must be completed to confirm there are no finer textured layers interbedded in the sand which could cause perching of water above a regional water table.

The descriptions below correspond to the items requested on the reverse side. It is important that all requested data be provided so the report is accurate and complete.

- 1a. Observation Well Identification: Can be obtained from published Hydrographs maintained by the Wisconsin Geological and Natural History Survey, and available through the county.
- 1b. Observation Well Name: Some wells used to obtain groundwater level information are not part of the U.S.G.S./G.N.H.S. reporting system. Provide any formally assigned name or method of identification.
- 1c. Existing Water Level in Observation Well: Measure the depth to groundwater from ground at the observation well site.
- 1d. Assigned High Water Level: Any Hydrograph which has been accepted for use as part of this groundwater monitoring procedure, has been assigned a high water level which must be used to calculate an adjustment factor used as part of this procedure. This figure can be obtained from the County.
- 1e. Calculated Adjustment Factor: Subtract the assigned high water level from the existing water level in the observation well to obtain this figure.
- 2a. Depth To Water Level At Proposed System Location: Measure the depth to groundwater from ground surface at the proposed system location.
- 2b. Calculated Adjustment Factor: Use the figure obtained in step 1e.
- 2c. Maximum Depth Of Suitable Soil: Subtract the calculated adjustment factor from the water level depth at the proposed system location.
- 2d. Estimated High Groundwater Level: Obtain from Soil Boring & Percolation Report Form (115).

Note: Completion of Section 3 is optional. However, information provided in this section may be helpful in assisting County Personnel in evaluating this Report.

Plan Identification No. \_\_\_\_\_

Gentlemen:

We have received a (PLB. 119) Groundwater Monitoring Report form from \_\_\_\_\_, CST for the \_\_\_\_\_ property located in the \_\_\_\_\_

Please answer or verify the following and return to this office. Monitoring data will be reviewed upon receipt of this information.

1. Were you notified by the CST of the intent to monitor groundwater levels at the above-mentioned site?
2. Were the wells properly installed?
3. Provide all observations you made during the time the site was monitored.
4. Did the soil tester monitor the site according to chapter ILHR 83, Wis. Adm. Code?
5. List any comments or pertinent information.

\_\_\_\_\_  
Signature of Person Completing Form



STATE OF WISCONSIN-DEPARTMENT OF INDUSTRY, LABOR & HUMAN RELATIONS  
DIVISION OF SAFETY & BUILDINGS - BUREAU OF PLUMBING  
P.O. BOX 7969 - MADISON, WI, 53707

APPLICATION FOR THE USE OF AN ALTERNATIVE SYSTEM

Location:	Township/Municipality:							
<table border="1"> <tr> <td>k</td> <td>k/S</td> <td>T</td> <td>N/R</td> <td>E(or)W</td> </tr> </table>	k	k/S	T	N/R	E(or)W			
k	k/S	T	N/R	E(or)W				
Street Address:	Subdivision:	County:						
Landowners Name:	Mailing Address:							

I (We), the undersigned, hereby make application for an alternative system on the above-described premises. I recognize that the above premises are not suited for a conventional private sewage system. If approval is granted, I agree to have the system installed in conformance with the Bureau's approval of plans and specifications.

I further understand that an alternative system is more complex in nature than a conventional private sewage system and as such will require detailed inspection during construction and monitoring after the system is put into use. I agree to permit both county officials charged with administering county sanitary ordinances and Bureau employees or other authorized persons to have access to the above described premises at any reasonable time for the purpose of inspection the construction of or monitoring of the system. I further agree to either personally or by my agent contact the proper county official to arrange the time and date to begin construction of the system.

I understand that this application does not permit me (the applicant) or my agent (the contractor) to begin installation. If the system is approved, the Bureau will send the applicant a letter of approval which authorizes construction of the alternative system after all necessary permits have been obtained.

I agree to give notice to any subsequent buyer that an application for an alternative system has been made and if installed, that the premises are served by an alternative system and further agree to give the buyer a copy of this application.

The Bureau accepts this application subject to this understanding and subject to all the conditions and obligations set out in this application.

STATE OF WISCONSIN	} SS.	_____ Signature of Applicant	_____ Date
COUNTY OF _____		Subscribed and sworn to before me	
		This _____ day of _____ 19__.	
		_____ Notary Public, State of Wisconsin	
DIHR-SBD-6413 (N. 05/81)		My Commission Expires: _____	



State of Wisconsin / Department of Industry, Labor and Human Relations

SAFETY & BUILDINGS DIVISION

201 E. Washington Avenue  
P.O. Box 7569  
Madison, Wisconsin 53703  
(608)267-5119

APPLICATION FOR THE USE OF AN AT-GRADE SYSTEM

Location: \_\_\_\_\_ Township/Municipality: \_\_\_\_\_  
 Street Address: 1/4 1/4 Section T N R E for W Subdivision: \_\_\_\_\_ County: \_\_\_\_\_  
 Landowners Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

I, the undersigned, make application for an at-grade onsite sewage treatment system on the above described premises. If approval is granted, I agree to have the system constructed in conformance with the plans and specifications approved by the Department of Industry, Labor and Human Relations (DILHR).

I further understand that an at-grade system is considered an experimental onsite sewage system, and as such, will require detailed inspection during construction and monitoring after the system is put into use. I agree to permit county officials charged with administering county sanitary ordinances and DILHR employees, or other authorized persons such as the system designer, to have access to the above described premises at any reasonable time for the purpose of inspecting the construction, or monitoring the system. I agree to contact DILHR or county officials to arrange the time and date to begin construction of the system after I obtain a sanitary permit. I agree to pay the cost of monitoring wells required by DILHR for the purpose of measuring the wastewater treatment performance of this at-grade system.

I understand that this application does not permit me or my contractor to begin construction. (If the system is approved, DILHR will send the applicant a letter of approval, which authorizes construction of the system after all necessary permits have been obtained.)

I agree to give notice to any subsequent buyer that an application for an at-grade system has been made, and if installed, that the premises are served by an at-grade system. I further agree to give the buyer a copy of this application.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_  
(valid only if notarized)

STATE OF WISCONSIN

Subscribed and sworn to before me this

COUNTY OF \_\_\_\_\_

(Date:) \_\_\_\_\_

Notary Public, State of Wisconsin \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

SD-8766 (1-0590)

DLHR 58D-6693  
(Pib.89)

APPLICATION FOR DEVELOPMENT OF FLOOD PLAIN  
DEPARTMENT OF INDUSTRY, LABOR & HUMAN RELATIONS

When the installation of a new, replacement or expanded private sewage disposal system is proposed for a flood plain area, this form must be completed and submitted to the Department of Industry, Labor & Human Relations along with plans and other necessary data.

OWNER'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS OF BUILDING OR LOCATION OF PROPERTY \_\_\_\_\_

LEGAL DESCRIPTION \_\_\_\_\_

TOWNSHIP \_\_\_\_\_ COUNTY \_\_\_\_\_

Is this system new \_\_\_\_\_ replacement \_\_\_\_\_ expanded \_\_\_\_\_.

Is area:

In regional floodway? yes \_\_\_\_\_ no \_\_\_\_\_ not determined \_\_\_\_\_

In regional fringe flood area? yes \_\_\_\_\_ no \_\_\_\_\_ not determined \_\_\_\_\_

Contiguous to ground higher than any of the above? yes \_\_\_\_\_ no \_\_\_\_\_

What is the established regional flood elevation? \_\_\_\_\_

Are flood plain maps published and available or determined by the Department of Natural Resources? \_\_\_\_\_

Has or will permission be granted for the following:

Fill required for building? yes \_\_\_\_\_ no \_\_\_\_\_

Building permit? yes \_\_\_\_\_ no \_\_\_\_\_

Sewage disposal system (sanitary permit)? yes \_\_\_\_\_ no \_\_\_\_\_

Action taken locally by \_\_\_\_\_

Comments regarding development (zoning administrator, board of appeals, etc.):

Favorable \_\_\_\_\_ Unfavorable \_\_\_\_\_

Special Recommendations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signatures:

County Representative \_\_\_\_\_

Department of Natural Resources \_\_\_\_\_

Department of Industry, Labor & Human Relations \_\_\_\_\_

Document No.	<b>HOLDING TANK AGREEMENT</b>	This space reserved for recording data
Agreement Date	This agreement is made between the	
County or Local Government that	Holding Tank(s) Owner(s)	
(City or Municipality below)		
We acknowledge that application is being made for the installation of (a) holding tank(s) on the following property, (Provide legal land description.)		
		Return To

or that continued use of the existing premises requires that a holding tank be installed on the property for the purpose of proper containment of sewage. Also, the property cannot now be served by a municipal sewer, or any other type of private sewage system as permitted under Ch. ILHR 83, Wis. Adm. Code, or Ch. 145, Stats.

As an inducement to the County of \_\_\_\_\_ to issue a sanitary permit for the above described property, we agree to the following:

1. Owner agrees to conform to all applicable requirements of Ch. ILHR 83, Wis. Adm. Code relating to holding tanks. If the owner fails to have the holding tank properly serviced in response to orders issued by the municipality to prevent or abate a nuisance as described in ss. 145.13 and 145.14, Stats. the municipality may enter upon the property and service the tank or cause to have the tank serviced and charge the owner by placing the charges on the tax bill as a special assessment for current services rendered. The charges will be assessed as prescribed by s. 65.60, Stats.
2. Owner agrees to pay all charges and costs incurred by the municipality for inspection, pumping, hauling or otherwise servicing and maintaining the holding tank in such a manner as to prevent or abate any nuisance or health hazard caused by the holding tank. The municipality shall notify the owner of any costs which shall be paid by the owner within thirty (30) days from the date of notice. In the event the owner does not pay the costs within thirty (30) days, the owner specifically agrees that all of the costs and charges may be placed on the tax roll as a special assessment for the abatement of a nuisance, and the tax shall be collected as provided by law.
3. The owner, except as provided by s. 145.20 (3) (d), Stats., agrees to contract with a person who is licensed under Ch. NR 113, Wis. Adm. Code to have the holding tank serviced and to file a copy of the contract or the owner's registration with the municipality and with the county. The owner further agrees to file a copy of any changes to the service contract or a copy of a new service contract with the municipality and the county within ten (10) business days from the date of change to the service contract.
4. The owner agrees to contract with a person licensed under Ch. NR 113, Wis. Adm. Code who shall submit to the municipality and to the county a report in accord with s. ILHR 83.18 (5) (a) 2., Wis. Adm. Code for the servicing on a semiannual basis. In the case of registration under s. 145.20 (3) (d), Stats., the owner shall submit the report to the municipality and the county.
5. This agreement will remain in effect only until the local governmental unit responsible for the regulation of private sewage systems certifies that the property is served by either a municipal sewer or a soil absorption system that complies with Ch. ILHR 83, Wis. Adm. Code. In addition, this agreement may be canceled by executing and recording said certification with reference to this agreement in such manner which will permit the existence of the certification to be determined by reference to the property.
6. This agreement shall be binding upon the owner, the heirs of the owner and assignees of the owner. The owner shall submit the agreement to the register of deeds and the agreement shall be recorded by the register of deeds in a manner which will permit the existence of the agreement to be determined by reference to the property where the holding tank is installed.

Owner(s) Name(s) (Print)	Owner(s) Signature(s)	Subscribed and sworn to before me on this date:
Municipal Official Name (Print)	Municipal Official Signature	My commission expires: _____ Notary Public
Municipal Official Title (Print)		

SD-6123 (R. 10-88) This instrument was drafted by the State of Wisconsin Department of Industry, Labor and Human Relations.

SANITARY PERMIT SUBMITTAL FORM

COUNTY \_\_\_\_\_

DATE \_\_\_\_\_

TOTAL AMOUNT \_\_\_\_\_

TOTAL PERMITS \_\_\_\_\_

PERMITS BY NUMBER AND DATE ISSUED:

This form must accompany each group of Sanitary Permits  
upon submission for State Funding.

PLEASE USE ADDITIONAL SHEETS IF NECESSARY.

DI.LHR-SB0-6153 (N. 7/80)



**MATERIAL  
 REQUEST**

Safety and Buildings Division  
 Bureau of Building Water Systems  
 201 E. Washington Avenue, Rm 141  
 P.O. Box 7969  
 Madison, WI 53707

PLEASE MAIL ALL REQUESTS TO:

County of:	Telephone No: ( )	Address Change: <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address:	Zip Code:	

FORM NO.:	TITLE OF MATERIALS REQUESTED:	QUANTITY ORDERED:	QUANTITY SENT:
SBD-6499	Sanitary Permit		
SBD-6494	Sanitary Permit Transfer / Renewal		
SBD-6398	Sanitary Permit Application		
SBD-6399	Transfer / Renewal form For Sanitary Permit Application		
SBD-6710	Private Sewage System Inspection Report		
SBD-6153	Sanitary Permit Submittal Form		
SBD-6395	Report On Soil Borings And Percolation Tests (115)		
SBD-6412	Groundwater Monitoring Report		
SBD-6432	Privy Installation Agreement		
SBD-7009	Publ.: Is The Grass Greener Over Your Septic System?		
SBD-8330	Soil Description Report		
SBD-6232	Material Request		

STATE USE ONLY - ASSIGNMENT OF SANITARY PERMIT NUMBERS!

THE FOLLOWING PERMIT NUMBERS ARE ASSIGNED TO THE COUNTY IDENTIFIED ABOVE:

Sanitary Permit No. \_\_\_\_\_ Through & Including \_\_\_\_\_ = \_\_\_\_\_ Permits

Enbals	Date Shipped
--------	--------------

Total Permits Issued:
-----------------------

SD-6232 (R 06-91)

DILHR COPY

**PRIVY INSTALLATION AGREEMENT - COPY TO BE ATTACHED TO THE SANITARY PERMIT APPLICATION.**

Property Owner(s):	Reserved For Recording Data
Mailing Address:	
Location: N S T N R E or W	
City, Village, Township Of:	
Parcel Tax Number:	
Legal Description:	

1. No plumbing will be installed in the privy.
2. No plumbing will be installed in the premises served by the privy unless a code compliant soil absorption system or holding tank exists, or a valid sanitary permit to install such a system has been issued.
3. A privy vault / pit shall maintain minimum setbacks as specified in Table 1.

Table 1	Well	Building	Lake / Stream	Additional County Setbacks
Open Pit	50 Ft	25 Ft	Min. 75 Ft	
Sealed Vault	25 Ft	25 Ft	Min. 75 Ft	

4. Privies for public buildings shall comply with ILHR 52.63, Wis Adm. Code.
5. Privies used for one- and two-family purposes shall be constructed in such a manner so as to exclude flies, rats and other vermin. Doors should be self-closing and vault ventilators should terminate at least one foot above the roof.
6. A privy vault shall be constructed of watertight plastic, fiberglass, coated steel or monolithic concrete. Materials shall comply the intent with ILHR 83.20, Wis. Adm. Code. Counties may, by ordinance, establish minimum sealed vault sizes and type or construction within the guidelines of ILHR 83.20, Wis. Adm. Code.
7. The privy shall be kept clean and sanitary. The contents of the pit or vault shall be disposed in accordance with NR 113, Wis. Adm. Code.
8. This agreement shall be binding on the owner, their heirs and assignees. This document shall be recorded by the register of deeds in a manner which allows its existence to be determined by reference to the property where the privy is installed.

Printed Owner(s) Name(s):	Subscribed and sworn to before me on this date:
Owner(s) Signature:	
	Notary Public
	My commission expires on: _____

59D-6432 (r. 05-91) NOTE: This document was drafted by the State Department of Industry, Labor and Human Relations, Bureau of Building Water Systems.

Wisconsin Department of Industry,  
Labor and Human Relations  
Safety and Building Division

**PRIVATE SEWAGE SYSTEMS  
PLAN APPROVAL APPLICATION**

Private Sewage Section  
201 E. Washington Ave., Rm. 111  
P.O. Box 2559, Madison, WI 53707  
(608) 265-3315

**INSTRUCTIONS:** Please fill in all applicable data and submit this form with plans. Plans will not be reviewed until all fees are received. The reverse side of this form describes most of the required plan information. Further requirements may be contained in the Wisconsin Plumbing Code, which can be purchased from the Department of Administration, Document Sales and Distribution, 202 South Thornton Ave., P.O. Box 7840, Madison, WI 53707, Telephone (608) 265-3359.

<b>1. PROJECT INFORMATION (Type or print clearly)</b>			Plan Review Appointment Date	Plan Identification Number
Name of Submitting Party (plans returned to same)			Project Name	
Street Address, P.O. Box # or Rural Route			Project Address or Legal Description	
City or Village	State	Zip Code	City <input type="checkbox"/>	Village <input type="checkbox"/>
Telephone No. (include area code)			Town <input type="checkbox"/>	
Designer			Name of Owner	
Telephone No. (include area code)			Telephone No. (include area code)	
Street Address, P.O. Box # or Rural Route			Street Address, P.O. Box # or Rural Route	
City or Village	State	Zip Code	City or Village	State Zip Code

<b>2. APPLICATION FOR:</b>			<input type="checkbox"/> Experimental	<input type="checkbox"/> Mound System	<input type="checkbox"/> Holding Tank
<input type="checkbox"/> New Construction	<input type="checkbox"/> Large System	<input type="checkbox"/> Conventional Gravity System	<input type="checkbox"/> At-Grade	<input type="checkbox"/> System in Fill	<input type="checkbox"/> Groundwater Monitoring
<input type="checkbox"/> Replacement	<input type="checkbox"/> Pressurized System	<input type="checkbox"/> System in Flood Plain (attach SBD-6689)	<input type="checkbox"/> Revision	<input type="checkbox"/> Other Alternatives	<input type="checkbox"/> Petition For Variance

3. FEE COMPUTATIONS (include existing tanks)		FEE SUBMITTED	FOR OFFICE USE
MAKE ALL CHECKS PAYABLE TO SAFETY & BUILDINGS DIVISION.			
a.	750 - 1,500 gallon septic tank	\$ 50.00	
b.	1,501 - 2,500 gallon septic tank	\$ 60.00	
c.	2,501 - 3,000 gallon septic tank	\$ 80.00	
d.	3,001 - 9,000 gallon septic tank	\$ 100.00	
e.	9,001 - 15,000 gallon septic tank	\$ 150.00	
f.	Over 15,000 gallon septic tank	\$ 250.00	
g.	500 - 1,000 gallon dose chamber	\$ 30.00	
h.	1,001 - 2,000 gallon dose chamber	\$ 50.00	
i.	2,001 - 4,000 gallon dose chamber	\$ 70.00	
j.	4,001 - 8,000 gallon dose chamber	\$ 90.00	
k.	8,001 - 12,000 gallon dose chamber	\$ 110.00	
l.	Over 12,000 gallon dose chamber	\$ 150.00	
m.	500 - 8,000 gallon holding tank	\$ 30.00	
n.	8,001 - 10,000 gallon holding tank	\$ 55.00	
o.	Over 10,000 gallon holding tank	\$ 100.00	
p.	Revisions	\$ 20.00	
q.	Groundwater Monitoring - Per Site (other than a proposed subsycon)	\$ 32.00	
r.	Petition For Variance: Selfback	\$ 25.00	
	Site Evaluation	\$ 50.00	
	Subtotal:		
s.	Priority Plan Review: Enter same amount as Subtotal		
	Total Fee:		

NOTE: Appointments for plan review should be made prior to submittal. You may contact one of the offices listed below.

Hayward Office P.O. Box 754 209 West First Street Hayward, WI 54243 Phone (715) 634-4970 Fax (715) 634-5150	LaCrosse Office 2216 rose Street LaCrosse, WI 54603 Phone (608) 735-9334 Fax (608) 735-9330	Madison Office P.O. Box 7569 201 E. Washington Ave Madison, WI 53707 Phone (608) 267-5119 Fax (608) 267-0592	Shawano Office P.O. Box 494 1053A E. Green Bay Street Shawano, WI 54186 Phone (715) 524-3236 Fax (715) 524-3633	Wausau Office 201 First Court, Suite C Wausau, WI 53185 Phone (715) 548-0505 Fax (715) 548-8514
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SBD 6745 (4/79/91) NOTE Fees are pursuant to Wis. Adm. Code, Chapter Ind. 89, and are subject to change annually. OVER



The following information is required for plan review. An index page or each page of the plans must be signed, sealed and dated by the designer.

#### 4. MOUNDS & IN-GROUND PRESSURE DISTRIBUTION SYSTEMS

- a. County verification of soil conditions
- b. Soil data (115) photocopy by CST, including data for replacement system, if for new construction that will be served by an in-ground pressure system
- c. Plot plan drawn to scale showing lot size and all lateral distances from the system to buildings, wells, watercourses, etc. Show permanent reference points (benchmark). Direction and percent of slope or two foot contours must be included if drawn to scale. For in-ground pressure, show area for replacement if for new construction (TWO COPIES)
- d. Plan view of system with observation pipes and permanent lateral markers (TWO COPIES)
- e. System cross section - provide system elevation (TWO COPIES)
- f. Pipe layout (TWO COPIES)
- g. Construction detail of septic and dose tanks if site constructed, or State approved manufacturer and size if prefabricated (TWO COPIES)
- h. Dosing Chamber cross section - show manufacturer and size or construction details if site constructed (TWO COPIES)
- i. Pump operation model, performance curve, total dynamic head calculations and dose volume. (TWO COPIES)
- j. If the site is suitable for a conventional on-site sewage system, items a-f from this section is not generally required.
- k. Provide all sizing information (TWO COPIES). This is not required for residential installations where the number of bedrooms is indicated on the plans.

#### 5. CONVENTIONAL PRIVATE SEWAGE SYSTEMS

- a. Photocopy of soil data (115) by CST, including data for replacement system, if new construction.
- b. Plot plan showing location of septic tank, soil absorption system and replacement area. Indicate lateral distances to any buildings, wells, watercourses, lot lines, etc. The plot plan must also show the location of permanent horizontal and vertical reference points (benchmark). Also indicate ground slope with 2 foot contours in entire area if drawn to scale, extending 25 feet on all sides of installed replacement systems.
- c. Plan view of soil absorption system showing all dimensions, pipe lengths, spacing, etc. (TWO COPIES)
- d. Cross section of soil absorption system showing system elevation, aggregate cover material, depths, etc. (TWO COPIES)
- e. Construction detail of septic tank if site constructed, or State approved manufacturer and size if prefabricated (TWO COPIES)
- f. Detail of lift pump tank or automatic siphon tank size, manufacturer, gpm, gallons per cycle, vertical lift, friction loss, etc. (TWO COPIES)
- g. Provide all sizing information (TWO COPIES). This is not required for residential installations where the number of bedrooms is indicated on the plans.

#### 6. HOLDING TANKS

- a. Photocopy of soil data (115) by CST. A full evaluation must be made to eliminate the possibility of any other system being installed.
- b. Photocopy of agreement document between owner and local unit of government, properly notarized and recorded in reference to the deed. This agreement must include a statement about the semi-annual pumping report and pumping contract.
- c. Plot plan showing location of holding tank with lateral distances to any buildings, well, water service piping, watercourses, lot lines, etc. Provide horizontal and vertical reference points. Include all-weather service road within ten feet of the service manhole (TWO COPIES)
- d. Holding tank profile showing vent, manhole, alarm and State approved manufacturer and size if prefabricated. Provide complete construction details if site constructed (TWO COPIES)
- e. Provide all sizing information (TWO COPIES). This is not required for residential installations where the number of bedrooms is indicated on the plans.

#### 7. SYSTEMS IN FILL

- a. Systems in fill must include an inset installation form (580-6126), as well as all the appropriate items listed in section 5.

#### 8. GROUNDWATER MONITORING

- a. Soil data (115) photocopy
- b. Groundwater Monitoring Report (580-6412)
- c. Verification of data and procedures from county (ONE COPY); copy of Notification of Intent to Monitor which was sent to county.
- d. Precipitation data.

#### 9. PETITION FOR VARIANCE

- a. Petition for Variance form (580-6) signed and properly notarized.

If any portion of a private sewage system is in a floodplain, form 580-6698 is required.

**INDUSTRY, LABOR & HUMAN RELATIONS**      376-1  
**ILHR 83 Appendix**

Wisconsin Department of Industry,  
 Labor and Human Relations  
 Safety and Buildings Division

**COUNTY ONSITE SEWAGE PROGRAM AUDIT**  
 (s. 145.20 (3) (b), Wis. Stats.)

On-Site Sewage Field Inspection  
 and Investigation Unit  
 Onsite Sewage Section

Audit Period: January 1 - December 31, 19 \_\_\_\_\_ For County of \_\_\_\_\_

**I. ORDINANCE AND PERSONNEL**

**A. COUNTY SANITARY ORDINANCE**

1. Does the county ordinance comply with s. 59.065 Stats.? .....  Y  N
- a. If no, explain in the summary.
- b. Describe any recommended changes in the summary.

**B. INSPECTION AND SUPPORT STAFF**

1. Number of inspection and support staff: .....

2. Certified soil testers:

Name	Cert. No.	Exp. Date	Staff	Contract
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

3. Certified Inspectors:

Name	Cert. No.	Exp. Date	Cert. Type
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**II. COUNTY ADMINISTRATION**

- A. Does the county department responsible for the onsite sewage program administer other county or state programs? .....  Y  N
- B. Does the county participate in the Wisconsin Fund Grant Program? .....  Y  N
- C. Pursuant to s. 145.19 (4), Stats., is all revenue from sanitary permit issuance used to fund the onsite sewage system program? .....  Y  N
- D. Soil Test Reports:
1. Does the county review all soil test reports? .....  Y  N

- 2. Are the reports field verified as necessary? .....  Y  N
    - a. Explain county onsite procedure in the summary.
    - b. Provide a representative example of an onsite report.
  - 3. Soil test report quality: .....  VG  G  F  P
    - a. Summarize and make recommendations regarding quality.
- E. Onsite Sewage System Plans
- 1. Does the county review all onsite sewage plans? .....  Y  N
  - 2. Onsite sewage plan quality: .....  VG  G  F  P
    - a. Summarize and make recommendations regarding quality.
  - 3. Pursuant to s. 145.20(2)(c), Stats., and ILHR 83.11, Wis. Adm. Code, does the county have a uniform policy for written disapproval of sanitary permit applications? .....  Y  N
- F. Inspection Reports
- 1. Does the county complete the approved inspection report form? .....  Y  N
  - 2. Inspection report quality: .....  VG  G  F  P
    - a. Summarize and make recommendations regarding quality.

iii. SANITARY PERMITS

- A. Sanitary Permit Issuance
- 1. Number of permits issued by the county: .....
  - 2. Number of permits issued by DILHR: .....
  - 3. Total Permits Issued: .....
- B. Provide a sequential list of permits issued:
- |                        |                        |
|------------------------|------------------------|
| _____ to _____ = _____ | _____ to _____ = _____ |
| _____ to _____ = _____ | _____ to _____ = _____ |
| _____ to _____ = _____ | _____ to _____ = _____ |
| _____ to _____ = _____ | _____ to _____ = _____ |
- C. Do county records correspond with DILHR records? .....  Y  N
- D. Sanitary Permit Fees: (Do not include Groundwater Surcharge Fee.)
- |                           |                                 |                           |
|---------------------------|---------------------------------|---------------------------|
| Conventional ... \$ _____ | Holding Tank ..... \$ _____     | Reconnection . . \$ _____ |
| IGP ..... \$ _____        | Privy ..... \$ _____            | Renewal ..... \$ _____    |
| At-grade ..... \$ _____   | Septic Tank Only ... \$ _____   | Transfer ..... \$ _____   |
| Mound ..... \$ _____      | Soil Abs. Sys. Only .. \$ _____ | Large System . . \$ _____ |

IV. SYSTEM INSPECTIONS / INVESTIGATIONS

- A. Was every system inspected prior to backfilling? .....  Y  N
1. Number of systems inspected: ..... of .....
- B. Does the county require existing system inspections pursuant to s. 66.036, Stats., and ILHR 83.055, Wis. Adm. Code? .....  Y  N
1. Provide one example of a completed sanitary permit application which includes documentation pursuant to ILHR 83.055, Wis. Adm. Code.
2. Is the county's onsite sewage program perceived to be adversely affected by other building permit issuing agents' administration of s. 66.036, Stats.? .....  Y  N
3. Include comments regarding Section B in the summary.

V. ENFORCEMENT ACTIONS

- A. Does the county keep a record of enforcement actions? .....  Y  N
1. Does the county record enforcement compliance? .....  Y  N
- B. Installation / Construction Orders
1. Number of orders issued: .....
2. Number of orders complied with: .....
3. Number of orders submitted to the DA, AG or Corporation Counsel for compliance: .....
4. Is the enforcement process effective in achieving compliance? .....  Y  N
- a. If no, include comments or recommendations in the summary.
- C. Failing Systems
1. Number of orders issued: .....
2. Number of orders complied with: .....
3. Number of orders submitted to the DA, AG or Corporation Counsel for compliance: .....
4. Is the enforcement process effective in achieving compliance? .....  Y  N
- a. If no, include comments or recommendations in the summary.
- D. Holding Tank Maintenance
1. Does the county receive all the reports required? .....  Y  N
2. Does the county have an effective method to identify noncompliance with reporting procedures? .....  Y  N
3. Number of orders issued for failure to report: .....
4. Number of orders complied with: .....

- 5. Number of orders referred to the DA or Corporation Counsel: .....
- 6. Is the maintenance program effective? .....  Y  N
  - a. Include comments in the summary.
- 7. List the governmental units that prohibit holding tanks for new construction:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

VI. RANDOM FIELD AUDIT

- A. Randomly inspect 5 systems (gravity distribution or holding tank) installed during the audit period. Three should be inspected prior to backfilling if possible and the remainder may be post construction inspections.
  - 1. Provide inspection reports and comments in the summary.
- B. Randomly select and inspect 10 percent or 5 systems, whichever is greater, of the in-ground pressure, at-grade or mounds installed during the audit year. Two should be inspected prior to backfilling if possible, and the remainder may be post construction inspections.
  - 1. Provide inspection reports and comments in the summary.

VII. AUDIT REVIEW ACKNOWLEDGEMENT

\_\_\_\_\_  
County Program Manager Signature                      DILHR Auditor Signature

\_\_\_\_\_  
Date Signed    Date Signed

- A. Attach county comments (optional) to this audit document.

**PETITION FOR VARIANCE APPLICATION**

Wisconsin Department of Industry, Labor and Human Relations

<p style="font-size: small; text-align: center;">OFFICE USE ONLY</p> <p>Amount Paid</p> <hr/> <p>Receipt No.</p>	<p style="font-size: small;">Safety and Buildings Division</p> <p>201 East Washington Avenue, P.O. Box 7969                  Madison, Wisconsin 53707                  608/266-3151</p>	<p style="font-size: small; text-align: right;">OFFICE USE ONLY</p> <p>Petition No.</p> <hr/> <p>E-Number</p>
--	---	---

Name of Owner/Petitioner	Building or Project	Agent, Architect or Engineering Firm
Company	Tenant Name, if any	Street & Number
Street & Number	Location, Street & Number	City      State      Zip Code
City      State      Zip Code	City      County	Telephone Number
Telephone Number	Plan Number, if known	Name of Contact Person

1. The rule being petitioned reads as follows: (cite specific rule number and language)

\_\_\_\_\_

\_\_\_\_\_

2. The rule being petitioned cannot be entirely satisfied because:

\_\_\_\_\_

\_\_\_\_\_

3. The following alternative(s) and supporting information are proposed as a means of providing an equivalent degree of health, safety or welfare as addressed by the rule:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Note: Please attach any pictures, plans, sketches or required position statements.

**VERIFICATION BY OWNER - PETITION IS VALID ONLY IF NOTARIZED AND ACCOMPANIED BY REVIEW FEE**  
 See Section Ind 69.15 for complete fee information

Note: Petitioner must be the owner of the building or project. Tenants, agents, designers, contractors, attorneys, etc. may not sign petition unless a Power of Attorney is submitted with the Petition for Variance Application.

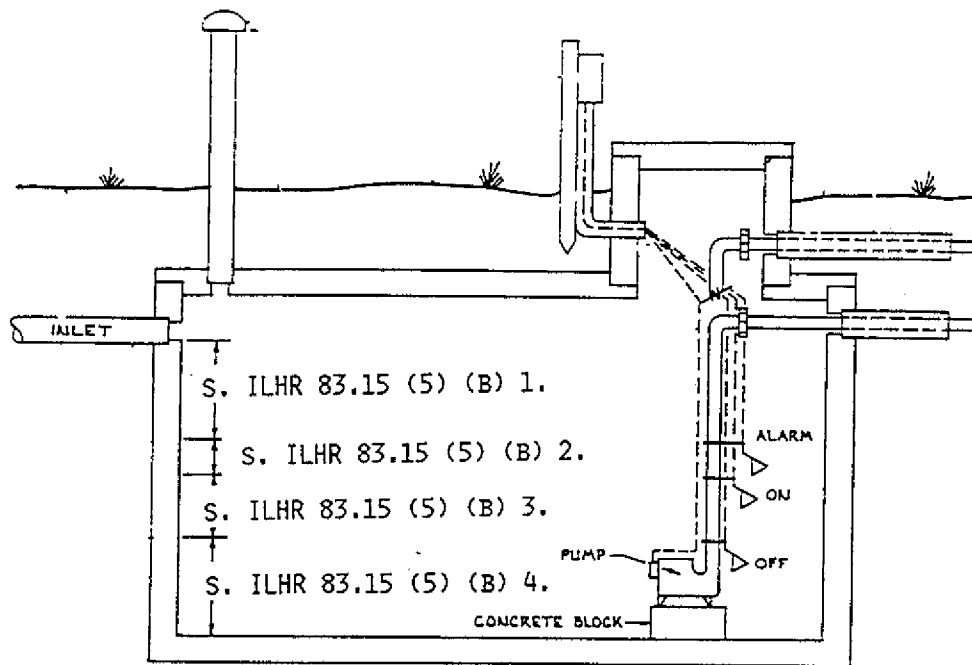
\_\_\_\_\_, being duly sworn, I state as petitioner that I have read the foregoing petition, that I believe it to be true and I have significant ownership rights in the subject building or project.

\_\_\_\_\_  
 Signature of Petitioner      Subscribed and sworn to before me this date: \_\_\_\_\_

\_\_\_\_\_  
 Notary Public      My commission expires: \_\_\_\_\_

SR-B(R.09/88)

FIGURE 83.15-1. CAPACITY AND SIZING OF PUMP TANKS.



**HOLDING TANK SERVICING CONTRACT**

Contract Date \_\_\_\_\_

This contract is made between the

Holding Tank Owner(s) Name(s) \_\_\_\_\_

and

Pumper's Name \_\_\_\_\_

We acknowledge the installation of (a) holding tank(s) on the following property: (Provide legal description.)

1. The owner agrees to file a copy of this contract with the local governmental unit hereinafter called the "municipality", which has signed the pumping agreement required in Ch. ILHR 83.18 (4) (b), Wis. Adm. Code and

with the County of \_\_\_\_\_

2. The owner agrees to have the holding tank(s) serviced by the pumper and guarantees to permit the pumper to have access and to enter upon the property for the purpose of servicing the holding tank(s). The owner agrees to maintain the all-weather access road or drive so that the pumper can service the holding tank(s) with the pumping equipment. The owner further agrees to pay the pumper for all charges incurred in servicing the holding tank(s) as mutually agreed upon by the owner and pumper.

3. The pumper agrees to submit to the municipality which has signed the pumping agreement required by s. ILHR 83.18 (4) (b), Wis. Adm. Code, and to the county, a report for the servicing of the holding tank(s) on a semiannual basis. The pumper further agrees to include the following in the semiannual report:

- a. The name and address of the person responsible for servicing the holding tank;
- b. The name of the owner of the holding tank;
- c. The location of the property on which the holding tank is installed;
- d. The sanitary permit number issued for the holding tank;
- e. The dates on which the holding tank was serviced;
- f. The volumes in gallons of the contents pumped from the holding tank for each servicing;
- g. The disposal sites to which the contents from the holding tank were delivered.

4. This agreement will remain in effect until the owner or pumper terminates this contract. In the event of a change in this contract, the owner agrees to file a copy of any changes to this service contract or a copy of a new service contract with the municipality and the County named above within ten (10) business days from the date of change to this service contract.

Owner(s) Name(s) (Print)	Owner's Signature(s)	Subscribed and sworn to before me on this date:  _____ Notary Public
Pumper's Name (Print)	Pumper's Signature	
Pumper's Registration Number	My commission expires: _____	

550-7574 (R. 09-83)

This instrument was drafted by the State of Wisconsin Department of Industry, Labor and Human Relations



As the sanitary permit issuing agent in the county stated below, I hereby certify that the following described property is now served by either a public sewer or a septic tank — soil absorption system that complies with ch. ILHR 83, Wis. Adm. Code.

Note: This document is to be reordered in the Tract Index at the office of the Register of Deeds in the county indicated below.

CANCELLATION OF A HOLDING TANK AGREEMENT

As the sanitary permit issuing agent in the county stated below, I hereby certify that the following described property is now served by either a public sewer or a septic tank — soil absorption system that complies with ch. H 63, Wis. Adm. Code.

In addition, I understand that execution and recording of this document cancels a holding tank agreement between the \_\_\_\_\_ and \_\_\_\_\_ that was recorded on the \_\_\_\_ day of \_\_\_\_\_, 19\_\_ in volume \_\_\_\_\_, page \_\_\_\_\_ as document number \_\_\_\_\_.

Witness my hand and seal this \_\_\_\_ day of \_\_\_\_\_, 19\_\_.

County of \_\_\_\_\_

by \_\_\_\_\_ (include title)

STATE OF WISCONSIN

Personally came before me this \_\_\_\_ day of \_\_\_\_\_, 19\_\_.

the above named \_\_\_\_\_,

to me known to be the person who executed the foregoing instrument and acknowledged the same.

THIS INSTRUMENT  
DRAFTED BY:

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES:

\_\_\_\_\_

**DESIGN OF PRESSURE DISTRIBUTION NETWORKS  
FOR SOIL ABSORPTION FIELDS**

To obtain uniform application of wastewater effluent over the entire infiltrative surface of a soil absorption field, pressure distribution systems are required. Section H 63.14 specifies the design criteria for pressure distribution systems. They are designed by balancing the headlosses such that the volume of water passing out each hole in the network will be equal. This is achieved by allowing 75 to 85 percent of the total headloss in the network to be lost when the water passes through the hole while only 10 to 15 percent of the total headloss occurs in delivering the water to each hole.

Since the design can become quite tedious, a simplified method has been developed by the use of the tables and nomographs in s. 63.14. With this method, only a straight edge and pencil is needed to complete the design. To demonstrate the use of the tables and nomographs, this example is given.

**Example:**

Design a pressure system for a soil absorption system consisting of 5 trenches, each 3 feet wide by 40 feet long. The trenches are to be spaced 9 feet on center.

**Step 1:** Select the desired distribution pipe length from the dimensions of the required soil absorption area. Two layouts would be suitable for this system. The distribution pipes in each trench may be fed by a manifold along one end of the trenches or by a central manifold. In the first design, 5 distribution pipes are used, each 40 feet long. In the second design, there are 8 distribution pipes, each 20 feet long. The first design will be used in this example.

**Step 2:** Select an appropriate distribution pipe diameter compatible with the chosen hole diameter and hole spacing from Table 5.

Holes in ¼-in diameter spaced every 2.5 feet will be used in this example, though other combinations would be just as suitable. From Table 5, either a 1 ¼-in or 1 ½-in distribution pipe is required for a 40 foot distribution pipe. Select the larger 1 ½-in diameter distribution pipe.

**Step 3:** Determine the total discharge rate of each distribution pipe and the number of holes required by using the nomograph in Table 6.

Place a straight edge on the nomograph in Table 6 aligning the 40 foot mark on the Distribution Pipe Length scale with the 2.5 ft mark on the Hole Spacing scale. Where the straight edge crosses the Number of Holes scale, read off the number of holes per distribution pipe; 16 in this example. To obtain the distribution pipe discharge rate, realign the straight edge to join the 16 mark on the Number of Holes scale with the ¼-in mark on the Hole Diameter scale. Where the straight edge crosses the Distribution Pipe Discharge scale, the discharge rate is given. In this example, it is nearly 20 gpm as shown.

**Step 4:** Select the appropriate manifold size based on the number, length and discharge rate of the distribution pipes from Table 7. For central manifold designs use the lower column headings and left

row headings. For end manifold designs, use the lower column headings and the right row headings. (If necessary, repeat steps 1 through 4 until an acceptable network is laid out.)

The manifold length is that length of pipe required to connect all the distribution pipes downstream from the manifold inlet. In this example, the inlet to the manifold is to be at one end. There are to be 5 distribution pipes spaced 9 feet apart requiring a manifold 36 feet long. Since an end manifold design is to be used, the flow per distribution pipe of 20 gpm (from step 3) is read on the right side of Table 7, the number of 5 read on the bottom under the manifold length at 35 feet. In this design, a 3-in manifold is sufficient (See Table 7.) (If the inlet had been in the center of the manifold, the manifold length would have been 18 feet serving 2 distribution pipes. In that case, the manifold could be 2-in diameter.)

**Step 5:** Determine the minimum dose volume required based on the total pipe volume from the nomograph in Table 11.

On the nomograph in Table 11, the straight edge is placed on 1½-in mark on the Distribution Pipe Diameter scale (from step 2), and the 40 mark on the Distribution Pipe Length scale. The volume of the distribution pipe is read off the Pipe Volume scale. In this example, it is approximately 3.7 gal. Next, turn the straight edge maintaining the point on the Pipe Volume scale and align it with 5 on the Number of Distribution Pipes scale. The minimum dose volume read off the Dose Volume scale is approximately 200 gal. However, the final dose volume selected may be larger than this minimum depending on the desired number of doses per day. (See s. ILHR 83.14 (6), Wis. Adm. Code).

**Step 6:** Determine the minimum pump or siphon discharge rate from the nomograph in Table 8.

Using the nomograph in Table 8, the dosage rate is read from the Dosing Rate scale by aligning the straight edge with 20 gpm on the Distribution Pipe Discharge Rate scale (step 3) with 5 on the Number of Distribution Pipes scale. The minimum rate is 100 gpm.

**Step 7:** Select the proper pump or siphon from the head-discharge characteristics described by the manufacturers.

The total dynamic head of the network must first be computed. For a pump system, this is equal to the elevation differences between the pump and the distribution pipe inverts, the friction loss in the pipe which delivers the liquid from the pump to the distribution system at the required rate, and 3 feet of head to compensate for losses in the distribution system. The pump able to pump the minimum discharge rate at the total dynamic head computed is selected.

Siphon selection is based on the manufacturer's stated average discharge rate. This rate is for free discharge. Therefore, to maintain this rate, the siphon discharge pipe invert must be elevated above the distribution pipe inverts a distance equal to the estimated distribution system. These losses included the friction loss in the delivery pipe from the siphon to the network at the minimum discharge rate determined in step 7 plus 3 feet of head to compensate for losses within the distribution system. Where

the delivery pipe is more than 50 feet long, its diameter should be one size larger than the siphon discharge diameter to facilitate air venting.

Assume the dosing tank is located 25 feet from the distribution system inlet, and the difference in elevation between the pump and the inverts of the distribution pipes is 5 feet. At a rate of 100 gpm the headloss in 100 feet of a 3-in plastic delivery pipe can be read from Table 9. Therefore, for 25 feet the headloss is 2.09 feet  $\times$  25 feet/100 ft = 0.52 ft. The total dynamic head of the system is 5 feet of elevation head plus 0.5 feet of friction head in the delivery pipe plus 3 feet of account for losses in the distribution system. Therefore, a pump should be selected which is able to pump at least 100 gpm against 8.5 feet of head.

If a siphon were used, its discharge invert would be elevated 0.5 feet plus 3 feet or a minimum of 3.5 feet above the distribution pipe inverts.

In summary, the final design consists of five 40 foot distribution pipes, each 1½-in. in diameter connected with a 3-in end manifold with the inlet from the dosing chamber at one end of the manifold. The inverts of the distribution pipes are perforated with ¼-in holes spaced every 2.5 feet. The first hole should be located one half of the hole spacing or 1.25 feet from the manifold. If the last hole is equal to or greater than half the hole spacing from the end of the distribution pipe, put another hole in the bottom of the cap or next to it.