

Oneida County PO Box 400 Rhinelander WI 54501-0400	<h1 style="margin: 0;">ONEIDA COUNTY SANITARY PERMIT APPLICATION</h1>	County Permit # _____  Expires: _____
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Attach complete plans for the system on paper not less than 8-1/2 x 11 inches in size.

<b>I. Application Information – Please Print all Information</b>			<b>Location:</b>	
Property Owner Name			Property Location	
Property Owner's Mailing Address			1/4    1/4, S    , T    N, R    E Lot Number                      Block Number	
City, State	Zip	Phone Number	Subdivision Name or CSM Number	
(                      )				

<b>II Type of Building: (check one)</b> <input type="checkbox"/> 1 or 2 Family Dwelling – No. of Bedrooms: _____ <input type="checkbox"/> Public/Commercial (describe use): _____ <input type="checkbox"/> State-owned	<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of
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<b>III Type of Permit:</b> (Check only one box on line A. Check box on line B if applicable)					Nearest Road	
A)	1. <input type="checkbox"/> Reconnection to existing system	2. <input type="checkbox"/> Non-plumbing sanitary system	3. <input type="checkbox"/> Physical or chemical restoration	4. <input type="checkbox"/> Repair	Parcel Tax Number(s)	
B)	<input type="checkbox"/> A Sanitary Permit was previously issued			Permit Number	Date Issued	

<b>IV. Type of Non-Plumbing Sanitary System:</b> (Check all that apply)		
<input type="checkbox"/> Privy	<input type="checkbox"/> Composting toilet	<input type="checkbox"/> Other
<input type="checkbox"/> Pit	<input type="checkbox"/> Incinerating toilet	
<input type="checkbox"/> Vault		

<b>V Dispersal/Treatment Area Information:</b>						
1. Design Flow (gpd)	2. Dispersal Area Required	3. Dispersal Area Proposed	4. Soil Application Rate (Gals./day/sq. ft.)	5. Percolation Rate (Min./inch)	6. System Elevation	7. Final Grade Elevation

VI Tank Information	Capacity in Gallons		Total Gallons	# of Tanks	Manufacturer	Prefab Concrete	Site Constructed	Steel	Fiber-glass	Plastic
	New Tanks	Existing Tanks								
						<input type="checkbox"/>				
						<input type="checkbox"/>				

<b>VII Responsibility Statement I, the undersigned, assume responsibility for installation of the POWTS shown on the attached plans.</b>			
Owner's Name (print)	Owner's signature		
Plumber's Name (print)	Plumber's Signature (no stamps):	MP/MPRS No.	Business Phone Number
Plumber's Address (Street, City, State, Zip Code)			

<b>VIII County/Department Use Only</b>				
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved <input type="checkbox"/> Owner Given Initial Adverse Determination	Sanitary Permit Fee (Includes Groundwater Surcharge Fee)	Date Issued	Issuing Agent Signature (No stamps)

<b>IX. Conditions of Approval /Reasons for Disapproval:</b>	<b>Receipt No.</b> _____
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Contents of non-plumbing sanitary system shall be disposed of in accordance with Wis. NR 113 and NR 114