RECONNECTION SANITARY PERMIT APPLICATION

Dodge County Land Resources and Parks Department
127 East Oak Street
Juneau, WI 53039-1329
(920) 386-3700
www.co.dodge.wi.us/landresources

▼ This Area For Office Use Only ▼	
COUNTY ID NO.	Receipt No.
	Date

Application Fee: $100
(Payable to: Dodge County)

In accord with Subsection 4.10.2.A of the Dodge County Land Use Code, approval of this application by the Dodge County Land Resources and Parks Department is required prior to reconnecting a structure to an existing private onsite wastewater treatment system (POWTS).

OWNER INFORMATION				PROPERTY INFORMATION			
Name				Parcel Identification Number (PIN)			
Mailing Address				☐City ☐Village ☐Town		T N	R E
City • State • Zip Code				1/4	1/4	Section	CSM (Volume/Page/Lot)
Daytime Phone (Include Area Code) ( )				Address Of Property			

BUILDING TYPE

Check ALL that apply

☐ 1 or 2 Family Dwelling ► *Total Bedrooms:* _____
☐ State-Owned ► *Describe Use Below*
☐ Public/Commercial ► *Describe Use:* _____

PERMIT TYPE

Check only one box on Line A
If Applicable: Complete Line B

A	☐ Reconnection	☐ Other Existing System Modification (Explain)	
B	☐ State Permit Was Previously Issued	Pervious Permit No.	Date Issued

SYSTEM TYPE

Check ALL that apply

☐ Drip Line	☐ Gravelless Pipe	☐ Aerobic Treatment Unit	☐ Mound: ≥ 24 inches of suitable soil
☐ At-Grade	☐ Leaching Chamber	☐ Single-Pass Sand Filter	☐ Mound: < 24 inches of suitable soil
☐ Peat Filter	☐ Constructed Wetland	☐ Recirculating Sand Filter	☐ Recirculating Synthetic Media Filter
☐ Holding Tank	☐ Pressurized In-Ground	☐ Non-Pressurized In-Ground	☐ Other

DISPERSAL/TREATMENT AREA INFORMATION

Design Flow *(gpd)*	Soil Application Rate *(gpd/ft²)*	Required Dispersal Area *(ft²)*	Existing Dispersal Area *(ft²)*	System Elevation *(ft)*

TANK INFORMATION

Type	Capacity *(gallons)*			No.	Manufacturer	Construction Type
	New	Existing	Required			
Septic or Holding						☐ Steel ☐ Fiberglass ☐ Prefab Concrete ☐ Plastic ☐ Built Onsite ☐ Other
Pump or Dosing						☐ Steel ☐ Fiberglass ☐ Prefab Concrete ☐ Plastic ☐ Built Onsite ☐ Other

RESPONSIBILITY STATEMENT: *I, the undersigned, assume responsibility for the proper installation of this POWTS.*

Plumber Name (Print)	Plumber Signature (No Stamps/Use Contrasting Ink Color)	MP/MPRS Number
Plumber Mailing Address (Street, City, State, Zip Code)		Business Phone (Include Area Code) ( )

▼ Area Below This Line For Office Use Only ▼

☐ Approved	☐ Disapproved ☐ Owner Given Reason For Denial	Date Issued	Issuing Agent Signature (No Stamps)
Notes/Conditions Of Approval/Reasons For Disapproval			

Attach complete plans for the system and submit to the County on paper not less than 8½ x 11 inches in size (Revised 12/09)