

WALWORTH COUNTY Sanitary Permit Application In accord with Ch. 70 Ordinance				Walworth County Land Use & Resource Management – Sanitation Division 100 W. Walworth St. - P.O. Box 1001 Elkhorn, WI 53121 (262) 741-4972					
County Sanitary Permit Number				Parcel I.D. Number					
Property Owners Name (Please Print All Information)				Property Location: <div style="text-align: center;"> $\frac{1}{4}$ $\frac{1}{4}$, S , T N, R E </div>					
Property Owners Address				Lot Number		Block Number			
City, State		Zip Code	Phone Number	Subdivision Name or CSM Number					
Type of Building: <input type="checkbox"/> 1 or 2 Family Dwelling –Number 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"/> Township _____					
				Nearest Road _____					
Type of Permit: <input type="checkbox"/> Reconnection to Existing System <input type="checkbox"/> Grease Interceptor <input type="checkbox"/> Minor Repair <input type="checkbox"/> Private Interceptor <input type="checkbox"/> Non-Plumbing Sanitary System <input type="checkbox"/> Other - _____									
<input type="checkbox"/> A Sanitary Permit was Previously Issued		Permit Number			Date Issued				
Type of System: (check all that apply) <input type="checkbox"/> Non-Pressurized In-Ground <input type="checkbox"/> Mound >24” Suitable Soil <input type="checkbox"/> Privy-Vault <input type="checkbox"/> At-Grade <input type="checkbox"/> Pressurized In-Ground <input type="checkbox"/> Mound <24” Suitable Soil <input type="checkbox"/> Holding Tank <input type="checkbox"/> Drip Line <input type="checkbox"/> Leaching Chamber <input type="checkbox"/> Aerobic Treatment Unit <input type="checkbox"/> Gravelless Pipe <input type="checkbox"/> Other _____									
Tank Info	Capacity in Gallons	Total Gallons	Number of Tanks	Manufacturer	Prefab Concrete	Site Constructed	Steel	Fiber glass	Plastic
	Tank(s)								
Septic Tank									
Holding Tank									
Grease Interceptor									
Vault Privy									
Responsibility Statement: I, the undersigned, assume responsibility for the installation associated with this permit application.									
Plumber's Name (Print)		Plumber's Signature			MP/MPRS Number		Business Phone Number		
Plumber's Address (Street, City, State , Zip Code)									
County Use Only									
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Permit Fee		Date		Issuing Agent Signature			
Comments:									