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| 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: | | | | | | | | | | |