

**BURNETT COUNTY LAND SERVICES
7410 COUNTY ROAD K, #120
SIREN, WISCONSIN 54872
715-349-2109**

POWTS CONNECTION/RECONNECTION PERMIT APPLICATION (FEE: \$150)

NOTE: A PLOT PLAN IS REQUIRED TO BE SUBMITTED WITH THIS APPLICATION

Application Information (Type or Print)

Property Owner Name			Property Legal Description		
Property Owner's Mailing Address			Property Site Address (if different than mailing address)		
City, State	Zip Code	Owner's Phone Number ()	City, State	Zip Code	

Type of Building Being Connected: (Check one) <input type="checkbox"/> 1 or 2 Family Dwelling - No. of Bedrooms: _____ <input type="checkbox"/> Public <input type="checkbox"/> Commercial		<input type="checkbox"/> Town of _____ <input type="checkbox"/> Village _____
Describe uses and design flows for the building being connected:		Parcel Identification Number: _____
Type of Permit*: <input type="checkbox"/> POWTS Reconnection <input type="checkbox"/> POWTS Connection State the sanitary permit number in question:	County # _____ State # _____	*A Reconnection Permit is required when a different building than was intended for the sanitary system to serve is being connected to the system. *A Connection Permit is required when the sanitary permit expired without being connected to the intended use of the sanitary system, and now the building is being connected.

NOTE: A SOIL BORING IS REQUIRED TO BE SUBMITTED WITH THIS APPLICATION IF THE SYSTEM WAS INSTALLED BEFORE 1/1/2000

Holding/Septic Tank

Manufacturer		Material	Capacity
Tank Condition	Baffle Condition	Manhole Cover/Riser Condition	
Comments			

Note: Manhole must be securely fashioned in accordance with all WI Administrative Codes

Dispersal Component (Does not apply to Holding Tanks)

Dimensions (Square Feet)	Total Dispersal Area (Square Feet)
System Elevation in Relation to Soil Boring (ONLY for a system installed before 1/1/2000)	Benchmark Information

Sanitary System

SEPTIC SYSTEM BACKING UP/DISCHARGING INTO STRUCTURE?	YES	NO
SEPTIC SYSTEM DISCHARGING TO GROUND SURFACE?	YES	NO
SEPTIC SYSTEM DISCHARGING TO GROUNDWATER OR SURFACE WATER?	YES	NO

Responsibility Statement:

I, the undersigned, assume responsibility for the POWTS activity for which this permit is issued.

Plumber's Name (print)	Plumber's Signature:	MP/MPSRW No.:	Business Phone Number:
Plumber's Address (Street, City, State, Zip Code):			

Office Use Only:

<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved <input type="checkbox"/> Owner Given Reason for Disapproval in Writing	Fee Collected:	DSPS Cred. No.	Date Issued	Issuing Agent Signature
Comments:					
Conditions of Approval /Reasons for Disapproval:					

Revised 12/4/19