



APPLICATION FOR POWTS PLAN REVIEW

Washington County Planning & Parks Department

333 E. Washington St., Suite 2300, West Bend, WI 53095

Land Use Division - POWTS County Designated Agent

For Plan Status, Contact Washington County Land Use Division @ 262.335.4445

1). Project Information (please complete entirely)		For Washington County Agent Review	
Project Physical Address: _____		State Transaction #: (if applicable) _____	
Lot Number: _____		Sanitary Permit #: _____	
Subdivision or CSM: _____		Previous Sanitary Permit #: _____	
City <input type="checkbox"/> Village <input type="checkbox"/> Town <input type="checkbox"/> of _____		Completion Date: _____	
Legal Description: _____ 1/4 _____ 1/4 Section _____ T _____ N- R _____ E		To reduce delays, submit legible, complete plans and soil test. Send documents larger than 11"x17" as pdf's. Plans will be reviewed in the order that they are received. Please Mail 3 Sets of Plans to: Washington County Planning & Parks Department 333 E. Washington St., Suite 2300 West Bend, WI 53095	
Tax Key Parcel # _____			
2). After plans are approved (check all that apply)			
<input type="checkbox"/> Call installation contractor to pick up plans			
<input type="checkbox"/> Mail plans to installation contractor			
<input type="checkbox"/> Email plan approval to installer			
3). Complete the following installation contractor, designer (if applicable) or owner information:			
Installer / Designer Contractor:		<input type="checkbox"/> Owner(s):	
<input type="checkbox"/> Installer: (Check if Installation <u>OR</u> Designer Contractor)		_____	
<input type="checkbox"/> Designer: (CHECK ONE – DO NOT LEAVE BLANK)		_____	
_____		_____	
Installer / Designer's Name		Owner's Name	
Credential Number		Company Name	
Company Name:		Company Name: (if applicable)	
Address:		Address:	
_____		_____	
_____		_____	
City/State/Zip:		City/State/Zip:	
Contact: Office Phone / Mobile / Fax:		Contact: Office Phone / Mobile / Fax:	
4). Information and plan submittal checklists. Submittal checklists can be found in each applicable component manual. You may email technical code questions to : DSPSSBPowtsTech@wi.gov			
Make Checks Payable to: Washington County		Amount Due: \$ _____	
Amount Paid _____ Cash/ Check # _____		Receipt # _____ Date Paid _____	

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5). POWTS Submittal (check all that apply):

- New Construction
 Aerobic Treatment Units
 Metering and/or Monitoring Required
 UV Disinfection Unit
 Replacement System
 Commercial System
 Anchoring of System Components Required
 Chlorinator

SYSTEM TYPE(S): Note: Submit separate sheets for each system if submitting multiple systems on the same site—Enter Fee Below

Revision to Previously Approved Plan **\$70.00** _____

Component Manual (all treatment components are previously approved under s. SPS 384.10(2) or (3))

- At-Grade** Component Manual (Version 2.0), SBD-10854-P (N.03/07; R.1/12)
 Mound Component Manual (Version 2.0), SBD-10691-P (N.01/01; R.10/12)
 In-Ground Pressure Distribution Component Manual (Version 2.0), SBD-10706-P (N.01/01; R.10/12)
 Other: _____
 Other: _____

Design wastewater flow in gallons per day (gpd):

 Note: To be reviewed by this agency, the design wastewater flow of the proposed system must be less than 1,000 gpd.

\$250.00 _____

Component Manual (all treatment components are previously approved under s. SPS 384.10(2) or (3))

- Holding Tank** Component Manual (Version 2.0), SBD-10855-P (N.03/07; R.1/12)
 Other: _____
 Other: _____

Design wastewater flow in gallons per day (gpd):

 Note: To be reviewed by this agency, the design wastewater flow of the proposed system must be less than 3,000 gpd.

\$90.00 _____

Please Make Checks Payable to: Washington County

Planning & Parks Department – 333 E. Washington St., Suite 2300, West Bend, WI 53095
www.co.washington.wi.us 262.335.4445

Total Amount Due
\$ _____
 Transfer amount to Page 1.

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 dave.seils@co.washington.wi.us
 dave.lindner@co.washington.wi.us