



APPLICATION - PERMIT
ON-SITE WASTEWATER SYSTEM



(Please Type or Print Legibly)

OWNER'S NAME: _____ PHONE: _____

ADDRESS: _____

PROJECT LOCATION: _____

_____ TAX/MAP #: _____

APPLICATION PREPARER: _____ DNREC LICENSE #: _____

PREPARER'S ADDRESS: _____

PHONE: _____

I hereby affirm that the information provided on this document is accurate and complete.

Preparer's Signature: _____ Date: _____

By signing this permit application, the preparer further certifies they were physically present at the site.

-SEPTIC DESIGN CRITERIA-

(Please check all boxes that apply)

System Type: (CF = Cap & Fill / FD = Full Depth)

- | | |
|---|--|
| <input type="checkbox"/> Gravity (FD) | <input type="checkbox"/> Permanent Holding Tank |
| <input type="checkbox"/> Gravity (CF) | <input type="checkbox"/> Elevated Sand Mound |
| <input type="checkbox"/> Pressure Dose (FD) | <input type="checkbox"/> Wisconsin At-Grade |
| <input type="checkbox"/> Pressure Dose (CF) | <input type="checkbox"/> Subsurface Micro Irrigation |
| <input type="checkbox"/> Low Pressure Pipe (FD) | <input type="checkbox"/> Peat Bio- Filter |
| <input type="checkbox"/> Low Pressure Pipe (CF) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Temporary Holding Tank | |

- ☐ Bed or ☐ Trench
- ☐ Gravelless Chamber ☐ Stone/Gravel ☐ Tire Chips
- Sand-lined ☐ Yes ☐ No

Existing System Malfunctioning ☐ Yes ☐ No ☐ N/A

Pre-Treatment Units

- ☐ Septic Tank
- ☐ Other _____

Central Water Available ☐ Yes ☐ No

(If yes, please state Utility Name: _____)

Type of Construction:

- ☐ Replacement
- ☐ New Construction
- ☐ Component Replacement
- Component: _____
- ☐ Repair to Existing System
- Reason: _____

☐ Authorization to Use Existing System

Permit #: _____

Present Condition: _____

Structure to be connected: _____

of Bedrooms: _____

Avg. Percolation Rate: _____

Gallons Per Day Flow: _____

Minimum Sq. Ft. Rcq'd: _____

Sq. Ft. Proposed: _____

- SITE PLAN & CROSS SECTION -
(INDICATE DIRECTIONS OF NORTH & SCALE OF SITE PLAN)

Draw a general location map of
project location and give distance
to nearest road junction.

OWNER'S/AUTHORIZED AGENT SIGNATURE: _____ DATE: _____

- A copy of this page must be submitted with both septic system and well construction report(s)