FOR HOUSE

Industry Services Division
1400 E Washington Ave
P.O. Box 7162
Madison, WI 53707-7162

County: BUFFALO COUNTY

Issue #: 14678

Sanitary Permit Application

In accordance with SPS 383.21(2), Wis. Adm. Code, submission of this form to the appropriate governmental unit is required prior to obtaining a sanitary permit. Note: Application forms for state-owned POWTS are submitted to the Department of Safety and Professional Servies. Personal information you provide may be used for secondary purposes in accordance with the Privacy Law, s. 15.04(1)(m), Stats.

State Transaction Number:

Project Address (if different than mailing address): W544 COUNTY RD P

I. Application Information – Please Print All Information

Property Owner's Name: MISCHELLE L ABTS

Parcel Owner

Parcel #: 010-00244-0000

Property Owner's Mailing Address: N21488 LEO KULAS RD

City, State: ARCADIA, WI

Zip Code: 54612-1784

Phone Number:

Property Location: NW ¼, NE ¼, Section 12 T 19 N; R 11 (circle one) E or W

Lot #:

Block #:

Subdivision Name: METES AND BOUNDS

CSM Number:

Describe Use: TOWN OF CROSS

II. Type of Building (check all that apply)

1 or 2 Family Dwelling

Number of Bedrooms:

III. Type of Permit: (Complete line B if applicable)

A.	New	
B.		List Previous Permit Number and Date Issued

IV. Type of POWTS System/Component/Device:

Non-Pressurized In-Ground

V. Dispersal/Treatment Area Information:

Design Flow (gpd)	Design Soil Application Rate(gpdsf)	Dispersal Area Required (sf)	Dispersal Area Proposed (sf)	System Elevation

VI. Tank Info

	Capacity in Gallons		Manufacturer	Material Source
	New Tanks	Existing Tanks		
Septic Tank	1000			Prefab Concrete

VII. Responsibility Statement- I, the undersigned, assume responsibility for installation of the POWTS shown on the attached plans.

Plumber's Name (Print)	Plumber's Signature	MP/MPRS Number	Business Phone Number
Norman Ratz		Norman Ratz	

Plumber's Address (Street, City, State, Zip Code): 644 Mtn St Fountain City WI 54629

VIII. County/Department Use Only

[x] Replaced	Permit Fee	Date Issued	Issuing Agent Signature
	.00	08/13/1975	

IX. Conditions of Approval/Reasons for Disapproval

Attach to complete plans for the system and submit to the County only on paper not less than 8 1/2 x 11 inches in size

SBD-6398 (R. 03/14)

Industry Services Division
1400 E Washington Ave
P.O. Box 7162
Madison, WI 53707-7162

County: BUFFALO COUNTY

Issue #: 298436

Sanitary Permit Application

In accordance with SPS 383.21(2), Wis. Adm. Code, submission of this form to the appropriate governmental unit is required prior to obtaining a sanitary permit. Note: Application forms for state-owned POWTS are submitted to the Department of Safety and Professional Servies. Personal information you provide may be used for secondary purposes in accordance with the Privacy Law, s. 15.04(1)(m), Stats.

State Transaction Number:

Project Address (if different than mailing address): W544 COUNTY RD P

I. Application Information – Please Print All Information

Property Owner's Name: MISCHELLE L ABTS

Parcel Owner

Parcel #: 010-00244-0000

Property Owner's Mailing Address: N21488 LEO KULAS RD

City, State: ARCADIA, WI

Zip Code: 54612-1784

Phone Number:

Property Location: NW ¼, NE ¼, Section 12 T 19 N; R 11 (circle one) E or (W)

II. Type of Building (check all that apply)

1 or 2 Family Dwelling

Number of Bedrooms: 3

Describe Use:

Lot #:

Block #:

Subdivision Name: METES AND BOUNDS

CSM Number:

TOWN OF CROSS

III. Type of Permit: (Complete line B if applicable)

A. Replacement

B.

List Previous Permit Number and Date Issued:

IV. Type of POWTS System/Component/Device:

At-Grade

V. Dispersal/Treatment Area Information:

Design Flow (gpd)	Design Soil Application Rate(gpdsf)	Dispersal Area Required (sf)	Dispersal Area Proposed (sf)	System Elevation
450	.6	750	750	93.56

VI. Tank Info

	Capacity in Gallons		Manufacturer	Material Source
	New Tanks	Existing Tanks		
Septic Tank	1000			Prefab Concrete
Dosing Chamber	780		Crest	Prefab Concrete

VII. Responsibility Statement- I, the undersigned, assume responsibility for installation of the POWTS shown on the attached plans.

Plumber's Name (Print)	Plumber's Signature	MP/MPRS Number	Business Phone Number
Virgil Schaffner		9034	6086873321

Plumber's Address (Street, City, State, Zip Code): 38 North Main Fountain City WI 54629

VIII. County/Department Use Only

[X] Approved	Permit Fee	Date Issued	Issuing Agent Signature
	0.00	10/23/1997	

IX. Conditions of Approval/Reasons for Disapproval

Permit number 298436; Septic Type Rep At-Grade ; Issue Date 10/23/97; Plumber ; Date Inst ; Date insp ; Name Org Joe Duellman Joe Duellman; Name Current Joe Duellman Joe Duellman; Address W544 County Rd P; City State Zip Fountain City, WI 5462

Attach to complete plans for the system and submit to the County only on paper not less than 8 1/2 x 11 inches in size

SBD-6398 (R. 03/14)