

TAYLOR COUNTY RECONNECT PERMIT APPLICATION

Property Owner(s) _____ County Reconnect Permit # _____
Mailing Address _____ Parcel Tax # _____
City, State, Zip _____ Ph # (home) _____ (work) _____
Legal Description _____ 1/4 _____ 1/4 , Sec _____ , T _____ N, R _____ E W
City _____ Village _____ Township Of: _____
Lot # _____ Block # _____ Subdivision Name _____ CSM # _____
Site Address _____

1 2 Family Dwelling Number of Bedrooms _____
Public (describe use) _____
Commerical (decribe) _____
Sanitary Permit previously issued: Permit # _____ Date Issued _____

Type of POWTS System:

Non-pressurized In-Ground	Mound	Aerobic Treatment Unit	Other
Pressurized In-Ground	Holding Tank	Recirculating	Drip Line
At-Grade	Sand Filter	Constructed Wetland	

DIPERSAL / TREATMENT AREA INFO:

Design Flow (GPD) _____ Perc Rate _____
Dispersal Area Required _____ System Elevation _____
Dispersal Area Proposed _____ Final Grade Elevation _____
Soil Application Rate _____

Existing Sanitary Permit Data: _____

RESPONSIBILITY STATEMENT:

I, the undersigned, assume responsibility for installation of the POWTS shown on the attached plans.

Plumber (Print Name) _____ Plumber's Address _____
Plumber (Signature) _____
MP/MPRS Number _____ Plumber's Ph # _____

COUNTY USE ONLY

Approved _____ Disapproved _____ Date Issued _____ Sanitary Permit Fee \$ _____
Reconnect Permit Expiration (2 yrs from issuance) _____
Issuing Agent Signature _____
Comments: _____

Application Fee \$100.00

TAYLOR COUNTY

EXISTING POWTS EVALUATION REPORT

DEPARTMENT USE ONLY

Date: _____

No.: _____

Reason for Evaluation: Reconnect Real Estate Transfer / Division Alteration of Structure

Current Owner: _____

Mailing Address: _____

Telephone: _____

Site Address: _____

PIN #: _____

___ 1/4, ___ 1/4, Sec ___ T ___ N, R ___ E W

Is there a sanitary permit issued for this system?

No * Yes Permit # _____

* Check with department to verify if evaluation is required.

Potential Buyer: _____

Telephone: _____

ALL TANKS MUST BE PUMPED FOR INSPECTION

Structure(s) served: 1 2 Family Dwelling Number of Bedrooms: _____

Commerical - Description _____ Design Flow: _____ gpd

Do all domestic wastes from the structure served enter this POWTS? Yes No (If no, explain what/where how water is diverted):

Existing Tank(s): Septic Tank Pump Chamber Holding Tank # of Tanks: _____

Manufacturer: _____ Concrete Steel Other _____

Capacity of Each Tank: _____ Condition of the Tank: Excellent (no cracks in tank)

Are filters, risers, covers, labels, locks, vents, pumps and alarms Fair (signs of wear)

in good working order? Yes No Poor (holes, cracks)

Comments on Tank: _____

Soil Absorption Area: In-Ground At-Grade Mound Not Applicable

Is there any wastewater or effluent discharging to or ponding on the ground surface or to water surface? Yes No

Is a Soil Evaluation Report required per 32.12(1) (a)? Yes No

Was effluent observed in the distribution cell? No Yes - if yes, depth: _____

Distribution Cell Size: _____ Depth of Cell: _____ System Elev: _____

Comments on Soil Absorption Area: _____

