



Buffalo County Zoning Department

407 S. Second Street ■ PO Box 492 ■ Alma, WI 54610 (608) 685-6218

Fax: (608) 685-6213

www.co.buffalo.wi.us

Modification/Repair Permit Application

Pursuant to WI Admin Code SPS 382, 383, 391 and Buffalo County Sanitary Ordinance

Property Owner Name:	Phone #:
Mailing Address:	
Email Address:	

Agent Name:	Phone #:
Mailing Address:	
Email Address:	

TYPE OF PERMIT	
<input type="checkbox"/> Modification	<input type="checkbox"/> Repair
Modification(s) being done: _____	Repair(s) being done: _____

SITE INFORMATION	Parcel Number: _ _ _ - _ _ _ - _ _ _
Site Address: _____	
Property Description: _____ ¼ _____ ¼ Sec. _____, T _____ N, R _____ W, Town/City of _____	

Type of building:	Design Flow (gpd)	Previous Permit Information
<input type="checkbox"/> 1 or 2 family dwelling – No. of bedrooms: _____		Permit Number:
<input type="checkbox"/> Public/Commercial: _____		Date Issued:

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/MPRS Number:	Phone Number:
Plumbers Address (Street, City, State, Zip):			

OFFICE USE ONLY:			
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied <input type="checkbox"/> Owner given reason for denial	Date Issued:	Issuing Agent Signature:

Conditions of approval / Reasons for denial:

Modification or repair applications shall submit the following information:

- Modification/repair permit application
- An acceptable soil and site evaluation report. (Unless one already exists on file with the Buffalo County Zoning Department.)
- A Detailed plot plan (site plan) drawn to scale which delineates the location of all existing POWTS components and any proposed modifications or repairs. The plot plan shall also delineate building sewers, private interceptor main sewers, well, water mains or water services, buildings, lot lines, swimming pools, navigable waters, and any established benchmarks on the original soil and site evaluation report.
- A completed Buffalo County POWTS Evaluation Report (Attached).
- A maintenance and contingency plan. (Unless one already exists on file with the Buffalo County Zoning Department.)
- A detailed cross section and plan view. Plans shall show existing/proposed dimensions of distribution cells and minimum/maximum depths of soil over distribution cells.
- Tank specifications (for modifications or repairs to POWTS treatment components).

Examples of Modifications	Examples of Repairs
✓ Changing type of dispersal component	✓ Repairing distribution cell with same dispersal components and in the same location.
✓ Expanding distribution cell size	✓ Repairs to pipe and tubing. (e.g. broken building sewer or forcemain)
✓ The addition, relocation, or replacement of a POWTS treatment or holding component.	✓ Replace a broken tank cover

Repair or replacement of pumps, floats, electrical devices, baffles, and manhole risers shall not require a permit but must be performed by a licensed plumber.

A modification/repair permit shall not be approved if the Zoning Department is unable to accurately size the POWTS based on the POWTS evaluation report.

FEE: \$125

Make checks payable to: **Buffalo County Treasurer**

Return completed application to: **Buffalo County Zoning Department, P.O. Box 492, Alma WI 54610**

POWTS EVALUATION REPORT

Property Owner Name:	Phone #:
Mailing Address:	
Email Address:	

SITE INFORMATION	Parcel Number: _ _ _ - _ _ _ - _ _ _ - _ _ _
Site Address: _____	
Property Description: _____ ¼ _____ ¼ Sec. _____, T _____ N, R _____ W, Town/City of _____	

Type of building existing system was designed for:	Design Flow (gpd)	Permit Information
<input type="checkbox"/> 1 or 2 family dwelling – No. of bedrooms: _____		Permit Number:
<input type="checkbox"/> Public/Commercial: _____		Date Issued:

Existing Tank(s) Information	
Septic tank manufacturer: _____	Holding tank manufacturer: _____
Number of tanks: _____ Capacity _____ gallons	Material: Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other <input type="checkbox"/> _____
Condition of tanks and baffles: _____	
Are all filters, risers, covers, labels, locks, vents, and alarms installed and in good working order? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If no explain: _____	
Tanks pumped on _____ (date) Pumped by _____ (pumper) License # _____	

Existing Pump Chamber (if applicable)	
Pump chamber manufacturer _____	Capacity _____ (gal) Number of tanks _____
Material: steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other <input type="checkbox"/> _____	Conditions of tanks and baffles: _____
Are all filters, risers, covers, labels, locks, vents, and alarms installed and in good working order? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If no explain: _____	

Soil Absorption Area			
In-Ground <input type="checkbox"/>	At-Grade <input type="checkbox"/>	Mound <input type="checkbox"/>	Other _____
Was effluent discharging to or ponding on the ground surface? (including road ditches) Yes <input type="checkbox"/> No <input type="checkbox"/>			
Was effluent observed in the distribution cell? Yes <input type="checkbox"/> _____ depth(inches) No <input type="checkbox"/> N/A <input type="checkbox"/>			
Distribution cell size _____ Depth of infiltrative surface below grade _____ (inches) System elevation _____			
Comments (including any defects or non-compliances not described above) _____			

I hereby certify that the information contained on this report is accurate and, based on this evaluation, the existing POWTS serving the structure at the above described location <input type="checkbox"/> is <input type="checkbox"/> is not a failing system as defined in 145.245(4) Wisconsin Statutes.			
_____	_____	_____	
Print Name	Signature	Date	
Address: _____		License/Cert No. _____	
POWTS inspector <input type="checkbox"/>	Certified Septage Service Operator <input type="checkbox"/>	Master Plumber <input type="checkbox"/>	Master Plumber Restricted Service <input type="checkbox"/>

Section 145.245 (4) reads:

"Failing private sewage system" means a private sewage system which causes or results in any of the following conditions:

- (a) The discharge of sewage into surface water or groundwater.
- (b) The introduction of sewage into zones of saturation which adversely affects the operation of a private sewage system.
- (c) The discharge of sewage to a drain tile or into zones of bedrock.
- (d) The discharge of sewage to the surface of the ground.
- (e) The failure to accept sewage discharges and backup of sewage into the structure served by the private sewage system.