



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

Reconnect Sanitary 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:	

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

Type of building POWTS will be reconnected to:	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:

Applications for a County Reconnect permit must include the following:	
<input type="checkbox"/> An acceptable soil and site evaluation report.	<input type="checkbox"/> A Buffalo County POWTS Evaluation Report
<input type="checkbox"/> A detailed plot plan (site plan) drawn to scale. The plot plan shall delineate the lot size and the location of all existing and proposed private sewage system components, building sewers, private interceptor main sewers, wells, water mains or water services, buildings, lot lines, swimming pools, navigable waters, and the benchmark established on the original soil and site evaluation report.	
<input type="checkbox"/> A detailed cross section and plan view	<input type="checkbox"/> Tank Specifications (If applicable)
<input type="checkbox"/> Servicing Contract / Maintenance Agreement / Maintenance and Contingency Plan (if applicable and not already on file).	

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:
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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.