



# APPLICATION FOR POWTS PLAN REVIEW

## Washington County Natural Resources Department

333 E. Washington St., Suite 2300, West Bend, WI 53095

### Land Resources - POWTS County Designated Agent

*For Plan Status, Contact Washington County Land Resources @ 262.335.4445*

<b>1). Project Information (please complete entirely)</b>		<b>For Washington County Agent Review</b>	
Project Physical Address: _____		State Transaction #: (if applicable) _____	
Lot Number: _____		Sanitary Permit #: _____	
Subdivision or CSM: _____		Previous Sanitary Permit #: _____	
City <input type="checkbox"/> Village <input type="checkbox"/> Town <input type="checkbox"/> of _____		Completion Date: _____	
Legal Description: _____ 1/4 _____ 1/4 Section _____ T _____ N- R _____ E		<p style="background-color: yellow;"><b>To reduce delays, submit legible, complete plans and soil test. Send documents larger than 11"x17" as pdf's. Plans will be reviewed in the order that they are received.</b></p> <p style="background-color: yellow;"><b>Please mail 2 sets of plans to:</b></p> <p><b>Washington County Natural Resources Department 333 E. Washington St., Suite 2300 West Bend, WI 53095</b></p>	
Tax Key Parcel # _____			
<b>2). After plans are approved (check all that apply)</b>			
<input type="checkbox"/> Call installation contractor to pick up plans			
<input type="checkbox"/> Mail plans to installation contractor			
<input type="checkbox"/> Email plan approval to installer			
<b>3). Complete the following installation contractor, designer (if applicable) or owner information:</b>			
<b>Installer / Designer Contractor:</b>		<input type="checkbox"/> <b>Owner(s):</b>	
<input type="checkbox"/> <b>Installer:</b> (Check if Installation <u>OR</u> Designer Contractor)		_____	
<input type="checkbox"/> <b>Designer:</b> (CHECK ONE – DO NOT LEAVE BLANK)		_____	
_____		_____	
<b>Installer / Designer's Name</b>		<b>Owner's Name</b>	
<b>Credential Number</b>		<b>Company Name</b>	
Company Name:		Company Name: (if applicable)	
Address:		Address:	
_____		_____	
_____		_____	
City/State/Zip:		City/State/Zip:	
Contact: Office Phone / Mobile / Fax:		Contact: Office Phone / Mobile / Fax:	
<b>4). Information and plan submittal checklists.</b> Submittal checklists can be found in each applicable component manual. You may email technical code questions to : DSPSSBPowtsTech@wi.gov			
Make Checks Payable to: <b>Washington County</b>		<b>Amount Due: \$ _____</b>	
Amount Paid _____ Cash/ Check # _____		Receipt # _____ Date Paid _____	

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**5). POWTS Submittal (check all that apply):**

- New Construction    
  Aerobic Treatment Units    
  Metering and/or Monitoring Required    
  UV Disinfection Unit  
 Replacement System    
  Commercial System    
  Anchoring of System Components Required    
  Chlorinator

**SYSTEM TYPE(S): Note: Submit separate sheets for each system if submitting multiple systems on the same site—Enter Fee Below**

**Revision** to Previously Approved Plan **\$50.00** \_\_\_\_\_

**Component Manual** (all treatment components are previously approved under s. SPS 384.10(2) or (3))

- At-Grade** Component Manual (Version 3.0). (May 2022-2027)  
 **Mound** Component Manual (Version 2.1). (May 2022-2027)  
 **In-Ground Pressure Distribution** Component Manual (Version 2.1). (May 2022-2027)

Design wastewater flow in gallons per day (gpd):  
 \_\_\_\_\_  
 Note: To be reviewed by this agency, the design wastewater flow of the proposed system must be less than 1,000 gpd.

Other: \_\_\_\_\_ **\$150.00** \_\_\_\_\_

Other: \_\_\_\_\_

**Component Manual** (all treatment components are previously approved under s. SPS 384.10(2) or (3))

- Other: \_\_\_\_\_  
 \_\_\_\_\_  
 Other: \_\_\_\_\_  
 \_\_\_\_\_

Design wastewater flow in gallons per day (gpd):  
 \_\_\_\_\_  
 Note: To be reviewed by this agency, the design wastewater flow of the proposed system must be less than 3,000 gpd.

**\$** \_\_\_\_\_

**Total Amount Due**

**\$** \_\_\_\_\_

Transfer amount to Page 1.

*Please Make Checks Payable to: **Washington County***

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[www.washcowisco.gov](http://www.washcowisco.gov)     262.335.4445