



COUNTY OF KENOSHA

Division of Health Services

19600 - 75th Street, Suite 185-3
Bristol, Wisconsin 53104-9772
Telephone: (262) 857-1910
Facsimile: (262) 857-1920

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Application for a County Sanitary Permit

(Attach all necessary documents required in Chapter 15.04-10 of the Kenosha County Sanitary Code and Private Sewage System Ordinance)

Owners Name: _____ Application Date: _____

Mailing Address: _____

Site Street Address: _____

State Permit # _____ County Permit # _____

Town/Village of _____ Parcel No. _____

Legal Description: _____ ¼, _____ ¼, Sec _____, T _____ N. R _____ E.

CSM No. or Subdivision _____ Lot _____, Block _____, Unit _____

The undersigned hereby applies for a permit for the work herein described and shown on the attached plans and hereby agrees to follow and comply with all regulations and requirements as stated in Chapter 15 of the Kenosha County Municipal Code: Sanitary Code and Private Sewage System Ordinance and the Wisconsin Administrative Code SPS 381-385 and SPS 391 that are applicable to the stated project and premises on this application.

Type of Building: 1 or 2 Family Dwelling – Number of Bedrooms _____
 Public/Commercial – Describe Use _____
 Outbuilding Agricultural or Private Use _____

Type of Installation or Modification

- | | |
|--|---|
| 1. <input type="checkbox"/> Reconnection to a POWTS | 5. <input type="checkbox"/> Replacement of Filter Medium |
| 2. <input type="checkbox"/> Modification to a POWTS | 6. <input type="checkbox"/> On-site Renovation/Treatment |
| 3. <input type="checkbox"/> Repair to a POWTS | 7. <input type="checkbox"/> Vault Privy |
| 4. <input type="checkbox"/> Private Interceptor Sewer to a POWTS | 8. <input type="checkbox"/> Non-Plumbing Sanitation Systems |
| | 9. <input type="checkbox"/> Other – Explain _____ |

Specify in detail the scope of the proposed project:

Plumbers Name _____ Signature _____

License Number _____ Business Phone _____

Plumbers Address _____

Owners Signature (Required for #6, 7 & 8 above) _____

NOTICE

All County Sanitary Permits require an inspection at the time of completion and prior to any back-filling. Appointments for the inspection can be made by contacting this office.

Approved Disapproved Fee Paid _____ Date Issued _____

County Sanitarian Signature _____

Conditions of Approval/Reasons for Disapproval: _____

Possible Attachments Required for this Application

1. Performance Evaluation – of the existing POWTS. (Typically required for existing systems installed after 7-1-1980).
2. Detailed Site Plan – Can be an embellished existing plan already on file with the County, highlighting the proposed additions and modifications to the POWTS.
3. Maintenance Agreements – May need to be entered into if the original is outdated or none existed.
4. Affidavits – May need to be entered into if the proposed project results in the existing system being undersized or is now serving more than one (1) building.
5. Soil Testing – May be required if none is on file and the depth to a seasonal highwater table is in question.
6. Product Information – Any specialized products being used or added onto an existing POWTS must have literature provided with the permit application to document that its use is approved in Wisconsin.
7. State Approval – Depending on the addition or modification being done to the existing POWTS. A state approval from the Department of Safety & Professional Services may be required before a permit can be issued.
8. County On-site Visit – May be required before a permit is issued. May also be needed at the time of any soil testing. Please consult the Sanitarian before a soil test is performed.

If you have questions regarding additional information you may need to include with your application, please contact the Kenosha County Sanitarian at the phone number listed on the letterhead of this form.