



# Application for Registration of Privies Serving State-Owned Facilities

## Private Onsite Wastewater Treatment Systems

Safety and Buildings Division  
2331 San Luis Place  
Green Bay, WI 54304  
Telephone 920-492-5601

Personal information you provide may be used for secondary purposes  
[Privacy Law s. 15.04(1)(m), Stats.]

This form may be used to register a proposed vault or pit privy serving a state-owned facility. Registration is required under SPS 391.04. The installation of a vault privy or a pit privy to serve a state-owned facility shall be registered with the Department of Safety and Professional Services prior to installation. The registration of a vault privy shall be accompanied by sufficient information to determine compliance with SPS 384.25. The registration of a pit privy shall be accompanied by sufficient soil information to determine compliance with SPS 383.44(4)(b).

| <p><b>1. Privy Elements Registered</b></p> <p><b>Type:</b><br/> <input type="checkbox"/> Vault Privy<br/> <input type="checkbox"/> Pit Privy</p> <p><b>Fee</b><br/>           \$70.00 each<br/>           \$90.00 each</p> <p><b>Vault Materials:</b><br/> <input type="checkbox"/> Concrete<br/> <input type="checkbox"/> Fiberglass<br/> <input type="checkbox"/> Steel<br/> <input type="checkbox"/> Plastic</p> <p>Vault Manufacturer: _____<br/>           Vault Model: _____</p>   | <p><b>2. Type of Project:</b></p> <p><input type="checkbox"/> New<br/> <input type="checkbox"/> Addition<br/> <input type="checkbox"/> Replacement</p> <p>Number of Privies Registered<br/>           with this project: _____</p>   |                                   |  |  |  |                    |                    |               |               |   |   |  |  |                                |                         |  |  |                            |               |   |  |
|--|--|-----------------------------------|--|--|--|--------------------|--------------------|---------------|---------------|---|---|--|--|--------------------------------|-------------------------|--|--|----------------------------|---------------|---|--|
| <p><b>3. Project Information - Fill in all known information.</b></p> <p>If a component for this project was previously registered, provide a previous Transaction # _____</p> <p>Project/Site Name: _____</p> <p>Site Address: _____</p> <p>Legal Description: _____</p> <p>County _____ ( ) City ( ) Village ( ) Town of _____</p>   |  |                                   |  |  |  |                    |                    |               |               |   |   |  |  |                                |                         |  |  |                            |               |   |  |
| <p><b>5. Complete the following designer/owner/requesting information. Attach additional copies of this page if there are more customers.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Designer Information (Customer 1)</th> <th style="width: 50%;">Requesting Party if different than designer (Customer 3)</th> </tr> <tr> <td>First Name _____ Last Name _____ Customer Number _____</td> <td>First Name _____ Last Name _____ Customer Number _____</td> </tr> <tr> <td>Company Name _____</td> <td>Company Name _____</td> </tr> <tr> <td>Address _____</td> <td>Address _____</td> </tr> <tr> <td>City _____ State _____ Zip+4 (9 digits) _____</td> <td>City _____ State _____ Zip+4 (9 digits) _____</td> </tr> <tr> <td>Phone Number (area code) _____ Fax or Internet _____</td> <td>Phone Number (area code) _____ Fax or Internet _____</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th style="width: 50%;">Owner Information (Customer 2)</th> <th style="width: 50%;">Additional Requirements</th> </tr> <tr> <td>First Name _____ Last Name _____ Customer Number _____</td> <td rowspan="5"> <ol style="list-style-type: none"> <li>1. At least one soil pit or soil boring shall be used to establish soil suitability for each pit privy.</li> <li>2. An individual who is a certified soil tester must prepare the soil evaluation.</li> <li>3. A soil evaluation report must accompany a request to register a pit privy.</li> <li>4. SPS 383.44(3) and 391.12 contain further information regarding privy siting and soil requirements.</li> <li>5. Sufficient information must be provided along with this application to determine compliance with SPS 383.44(4)(b) and 384.25, Wis. Adm. Code.</li> </ol> </td> </tr> <tr> <td>Name of State Agency _____</td> </tr> <tr> <td>Address _____</td> </tr> <tr> <td>City _____ State _____ Zip+4 (9 digits) _____</td> </tr> <tr> <td>Phone Number (area code) _____ Fax or Internet _____</td> </tr> </table> |  | Designer Information (Customer 1) | Requesting Party if different than designer (Customer 3) | First Name _____ Last Name _____ Customer Number _____ | First Name _____ Last Name _____ Customer Number _____ | Company Name _____ | Company Name _____ | Address _____ | Address _____ | City _____ State _____ Zip+4 (9 digits) _____ | City _____ State _____ Zip+4 (9 digits) _____ | Phone Number (area code) _____ Fax or Internet _____ | Phone Number (area code) _____ Fax or Internet _____ | Owner Information (Customer 2) | Additional Requirements | First Name _____ Last Name _____ Customer Number _____ | <ol style="list-style-type: none"> <li>1. At least one soil pit or soil boring shall be used to establish soil suitability for each pit privy.</li> <li>2. An individual who is a certified soil tester must prepare the soil evaluation.</li> <li>3. A soil evaluation report must accompany a request to register a pit privy.</li> <li>4. SPS 383.44(3) and 391.12 contain further information regarding privy siting and soil requirements.</li> <li>5. Sufficient information must be provided along with this application to determine compliance with SPS 383.44(4)(b) and 384.25, Wis. Adm. Code.</li> </ol> | Name of State Agency _____ | Address _____ | City _____ State _____ Zip+4 (9 digits) _____ | Phone Number (area code) _____ Fax or Internet _____ |
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| First Name _____ Last Name _____ Customer Number _____   | First Name _____ Last Name _____ Customer Number _____   |                                   |  |  |  |                    |                    |               |               |   |   |  |  |                                |                         |  |  |                            |               |   |  |
| Company Name _____   | Company Name _____   |                                   |  |  |  |                    |                    |               |               |   |   |  |  |                                |                         |  |  |                            |               |   |  |
| Address _____  | Address _____  |                                   |  |  |  |                    |                    |               |               |   |   |  |  |                                |                         |  |  |                            |               |   |  |
| City _____ State _____ Zip+4 (9 digits) _____  | City _____ State _____ Zip+4 (9 digits) _____  |                                   |  |  |  |                    |                    |               |               |   |   |  |  |                                |                         |  |  |                            |               |   |  |
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| <p>Make checks payable to "State of WI - DSPS" and return form to the address listed at the top right of this page.</p> <p>Attach check here.</p>  | <p><b>Total Amount Due (See Box 1)</b></p> <p>\$ _____</p> <p><b>Review Code 7648</b></p>  |                                   |  |  |  |                    |                    |               |               |   |   |  |  |                                |                         |  |  |                            |               |   |  |