



APPLICATION FOR REVIEW

-Complete all pages-

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

Private Onsite Wastewater Treatment Systems

Division of Industry Services

<input type="checkbox"/> Plans to be E-filed. Provide SharePoint User name below: <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/>	For plan status, check our website at http://dsps.wi.gov Email technical code questions to mailto:DSPSSBPowtsTech@wi.gov
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Several counties have been delegated certain authority to review plans in lieu of Division of Industry services. For a current list of those counties and their designation check our website at <http://dsps.wi.gov>

1. Project Information - Fill in all known information. Project/Site Name: _____ Location, Number & Street of project (if unknown, indicated nearest road) _____ Legal Description: _____ County _____ <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of _____	<p style="text-align: center;">Confirmation of assignment to a reviewer.</p> Transaction ID: _____ Previous Related Trans. ID: _____ Estimated Completion Date: _____ Assigned Reviewer: _____ Assigned Office: _____ Mail to your office of choice below: La Crosse, Green Bay NOTE: We reserve the right to re-distribute plans to another office if needed to reasonably balance turnaround times. Check http://dsps.wi.gov for next available review date
2. After plans are reviewed, please: (check all that apply) <input type="checkbox"/> Call customer 1, 2 (circle number)* <input type="checkbox"/> Requesting party will pick up <input type="checkbox"/> Mail plans to customer 1, 2 (circle number)* <p style="text-align: right; font-size: small;">*Refers to customer number from below.</p>	

3. Complete the following designer/owner/requesting information. Utilize the check boxes when designer, owner or requesting party is the same to avoid repeating information.

Designer Information (Customer 1)	DSPS Customer Number	Other Please Specify Below (Customer 2)	DSPS Customer Number
First Name _____	Last Name _____	First Name _____	Last Name _____
Company Name _____		Company Name _____	
Address _____		Address _____	
City _____	State _____	City _____	State _____
Zip+4 (9 digits) _____		Zip+4 (9 digits) _____	
Phone Number (area code) _____	E-mail address _____	Phone Number (area code) _____	E-mail address _____
Cell phone _____		Cell phone _____	
Check if applicable <input type="checkbox"/> Owner		Check if applicable or specify relationship <input type="checkbox"/> Owner <input type="checkbox"/> Other – specify relationship	

Information and Plan Submittal Checklists. To request electronic plan review complete the appropriate application form and e-mail it, along with your registered SharePoint username to DSPSSBPlanSchedule@Wisconsin.gov. If plans are being submitted via paper, they will be assigned to a reviewer after receipt at a DSPS office. Submittal checklists can be found in each applicable component manual appearing on the POWTS program page under Publications [POWTS Components Manuals](#)

La Crosse Area DSPS 3824 Creekside Ln Holmen, WI 54636 608-785-9334 Fax: 608-785-9330 Email: DspsSbPlanSchedule@wi.gov	Green Bay DSPS 2331 San Luis Place Green Bay, WI 54304 920-492-5601 Fax 920-492-5604 Email: DspsSbPlanSchedule@wi.gov
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Make Checks Payable to: Division of Industry Services OR <input type="checkbox"/> Check box to invoice designer and sign below Designer Signature _____	TOTAL AMOUNT DUE \$ _____ Review Code 7633
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