



Sanitary Permit Submittal Summary

Industry Services Division
2331 San Luis Place
Green Bay, WI 54304
Telephone (920) 492-5601

Instructions: Please print very clearly or type. Follow instructions below for *Permits Which Do Not Require A Fee, New Permits* and *System Type Summary*. Record necessary information on Line 1 and Line 3. Calculate the total fee required and record on Line 2. Record the total fee sent on Line 4 and mail this form to the department at the address listed in the upper right-hand corner along with the check for the amount on Line 4, payable to the "Industry Services Division". Do not include copies of Sanitary Permit Applications along with this summary.

County _____

Date Mailed _____

[Line 1] _____ Total number of new permits issued

[Line 2] _____ Total fee required ([Line 1] times \$100

[Line 3] _____ Total fee previously sent to DSPS for voided permits

[Line 4] _____ Total fee sent ([Line 2] minus [Line 3])

<i>Department Use Only</i>	
# _____	[Line 5] *([Line 4] divided by \$100)
\$ _____	7635 DSPS Class ([Line 5] times \$75)
\$ _____	7639 DNR Class ([Line 5] times \$25)

Permits Which Do Not Require A Fee Instructions: In the space provided below, list the permit numbers for which a fee will not be submitted to the department or for which a refund of a fee already submitted to the department is desired. This includes permits that were voided, transferred to a new owner, where there was a change of plumber, and renewals of previously issued permits. Include dates permits were issued and voided by county and the previously submitted fee amount (if any). Include a written reason for void in the same space or on a separate piece of paper. Total the desired refund amount and record on [Line 3].

New Permits Instructions: In the space provided below or on a separate piece of paper, list new permit numbers issued in numerical order and the date the permit was issued. It is acceptable to provide a computer-generated report. Total the number of permits issued and record on [Line 1].

Check box if attaching a list

System Type Summary Instructions: In the space provided below, indicate the number of systems that included the components listed below within the design. New refers to a previously undeveloped site. Replacement refers to all others including modifications and additions to existing systems including tank only replacement.

<u>SYSTEM TYPE</u>	<u>NEW</u>	<u>REPLACEMENT</u>
Holding Tank	_____	_____
In-Ground	_____	_____
At-Grade	_____	_____
Mound	_____	_____
Other Component Manual	_____	_____
Individual Site Design	_____	_____
Pretreatment (in addition to above system)	_____	_____

Ordering Sanitary Permit Cards

SBD-6499 Sanitary Permit Cards _____(Enter number that you are requesting)

Permit Numbers Which Have Been Assigned to Your County

Sanitary Permit No. _____ Through and Including _____ = _____ Permits