Scheduling Plumbing Plan Review and Checklists for General Plumbing Plan Review Summary Sheet

Section 1. Scheduling of plumbing plans requires use of the electronic online application found at:
https://esla.wi.gov/PortalCommunityLogin. Paper plan submittals are no longer accepted by the Department.

A tutorial aid for the application can be accessed at:
https://dsps.wi.gov/Documents/Programs/PlanReview/HowToSubmitForaPlumbingPlanReview.pdf

This form is to be included as a summary sheet for electronic plumbing plan submittals

<table>
<thead>
<tr>
<th>Date of Application:</th>
<th>Plan ID #: DIS-</th>
<th>Complete set of plans and full payment are required with submitted applications.</th>
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Check all that is applicable: Plan Type: ☐ New ☐ Permission to Start ☐ Addition/Alteration ☐ Revision to Previously Approved plan where approved construction has not been completed. ☐ Extension to an approved plan.

Requesting plan review for: (Please check the specific plumbing equipment below)

☐ Building Drain & Vent, Sanitary ☐ Exterior Wastewater Treatment Device, Storm
☐ Building Drain & Vent, Storm ☐ Garage Catch Basin
☐ Building Sewer, Sanitary ☐ Interior Containment Tank
☐ Building Sewer, Storm ☐ Interior Cross Connection Control Assembly, Health Care
☐ Campground/Recreational Vehicle Park ☐ Interior Cross Connection Control Assembly, Non-Health Care
☐ Drainage System, Sanitary ☐ Exterior Grease Interceptor
☐ Campground/Recreational Vehicle Park ☐ Interior Mixed Wastewater Treatment Device
☐ Drainage System, Storm ☐ Exterior Grease Interceptor
☐ Campground/Recreational Vehicle Park ☐ Interior Mixed Wastewater Treatment Device
☐ Water Supply System ☐ Exterior Grease Interceptor
☐ Car Wash Interceptor ☐ Interior Non-Potable Water System Device
☐ Chemical Waste System ☐ Interior Oil interceptor
☐ Controlled Roof Drain Engineered System ☐ Interior Potable Water Tank
☐ Exterior Containment Tank ☐ Interior Wastewater Treatment Device
☐ Exterior Cross Connection Control ☐ Manufactured Home Community
☐ Assembly, Health Care ☐ Exterior Cross Connection Control
☐ Exterior Cross Connection Control ☐ Multipurpose Piping System
☐ Assembly, Non-Health Care ☐ Private Interceptor Main Sewer, Sanitary
☐ Exterior Grease Interceptor ☐ Private Interceptor Main Sewer, Storm
☐ Exterior mixed wastewater treatment device ☐ Private Water Main
☐ Exterior Non-Potable Water System ☐ Provent Engineered System
☐ Exterior Oil Interceptor ☐ Pure Water System
☐ Exterior Potable Water Tank ☐ Regulated Contaminant Water Treatment – Arsenic
☐ Regulated Contaminant Water Treatment – Bacteria
☐ Regulated Contaminant Water Treatment – Nitrate
☐ Regulated Contaminant Water Treatment – Other
☐ Regulated Contaminant Water Treatment – Radium
☐ Sanitary Dump Station
☐ Siphonic Roof Drain Engineered System
☐ Sovent Engineered System
☐ Storm Detention System
☐ Storm Subsurface Infiltration Plumbing
☐ Water Distribution System
☐ Water Reuse – Blackwater
☐ Water Reuse – Clearwater
☐ Water Reuse – Graywater
☐ Water Reuse – Stormwater
☐ Water Service
☐ Water Treatment – .5 Chlorine
☐ Water Treatment – Chloramine
☐ Water Treatment – Chlorine Dioxide
☐ Water Treatment – Silver/Copper
☐ Water Treatment – Thermal
☐ Water Treatment – Ultrafiltration
☐ Water Treatment – Ultraviolet System

Section 2. PLAN SUBMITTAL REQUIREMENTS

PLAN SUBMITTAL SHALL INCLUDE THE FOLLOWING IN ACCORD WITH CODE SECTION SPS 382.20.

A complete set of plumbing plans and specifications. Incomplete submittals will be rejected. Please check the boxes below to ensure your plan submittal is complete.

Plans shall be legible and pertinent to only plumbing installations. Plans are required to be submitted in a single PDF. All supporting documents shall be provided under “submit additional documentation” (in the eSLA dashboard). Plan documents shall be submitted in the order of the following checklist:

1. ☐ Plan Index
2. ☐ Plot/site plan showing size and pitch of sanitary sewer(s), storm sewer(s) and water service(s).
3. ☐ Exterior storm, submit appropriate architectural roof drainage plans, site grade run off plans and contour lines showing what is drained to the plumbing system. Show all pipe sizes and discharge rates after every inlet. Refer to storm checklist at: https://dsps.wi.gov/Documents/Programs/Plumbing/SBD-10884.pdf
4. ☐ For infiltration systems, submit Soil and Site Evaluation Form SBD-10793.
5. ☐ Floor plan showing horizontal drains, water distribution lines, and all fixtures and equipment to be installed.
6. ☐ Complete water calculations in accord with SPS 382.40 (7).
7. ☐ Complete storm drain sizing calculations in accordance with SPS 382.36 (5).
8. ☐ Remodeling or additions shall include existing loads.
9. ☐ All plans must be properly signed per SPS 382.20 (4)(c).
10. ☐ For water re-use submittals include information requested in the product approval.
11. □ List fixture and plumbing appliance manufacturers, and model numbers.
12. □ Cut sheets or shop drawings of all fixtures and health care appliances located within a health care facility
13. □ Fixtures which require water or waste connections may need product approval.
14. □ Complete sizing calculations for all grease interceptors.
15. □ Identify specific materials for installations as listed in SPS 384
16. □ Summary sheet (this form). (link)

☐ Submitter acknowledges that the submittal is complete.

☐ Submitter acknowledges that any additional information requested to complete review will be received by the Department within five (5) business days or the plan is subject to denial.

________________________  _______________________
Submitter’s signature:                      Date:

Section 3. OPTIONAL SERVICE-PERMISSION TO START
For additional information, see Alternate Approval at:
https://dsps.my.salesforce.com/sfc/p/#t000000008Z5/a/t00000000SH3k/ZLRFuobXdAgfsG_O6E0fOJBKUcGN64WRvY8nmLuKHY

As specified within the Alternate Approval, a submittal of a complete set of plans are required to utilize the permission to start. Scope of installations are limited to below grade and a maximum of 18-inches above floor.

Request is for the following specific plumbing installations:
- Sanitary Sewer;
- Private interceptor main sewer(s);
- Storm Sewer;
- Water service;
- Private water main;
- Interior building drain;
- Interior water service;
- Interior water distribution.

As the building owner, I request to begin plumbing installations prior to plan review approval. I agree to make any changes required after plans have been reviewed, and to remove or replace any non-code complying construction and make revisions to plans on any changes. I will not permit any installation to exceed 18 inches above the unexcavated floor.

Building Owner’s Signature: __________________________ Date: _____________