** Private Onsite Wastewater Treatment Systems**

**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.]

**Department of Safety**

**& Professional Services,**

**Industry Services Division**

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| All plans submitted for state review are now processed electronically through our website at: <https://esla.wi.gov> | For program information, check our website at [http://dsps.wi.gov](http://dsps.wi.gov/Plan-Review/Plan-Status)Email technical code questions to DSPSSBPowtsTech@wi.gov |
| 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 designated review authority, check our website at <https://dsps.wi.gov/Documents/Programs/POWTS/DesignatedAgents.pdf> |
| **1. Project Information - Fill in all known information.**Project/Site Name: Location, Number & Street of project (if unknown, indicated nearest road) Legal Description: County City Village Town of  | **Confirmation of assignment to a reviewer.****Transaction ID: Previous Related Trans. ID: Estimated Completion Date: Assigned Reviewer: Assigned Office:** **NOTE: Plans are not guaranteed to be assigned to any reviewer of choice, rather they are reviewed on a first come, first serve basis.****DO NOT MAIL PLANS!!! All submittals are through our website at: https://esla.wi.gov** |
|  |
| **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)** DSPSFirst Name Last Name Customer Number Company NameAddressCity State Zip+4 (9 digits)Phone Number E-mail address Cell phone (area code)Check if applicable Owner | **Other Please Specify Below (Customer 2)** DSPSFirst Name Last Name Customer Number Company NameAddressCity State Zip+4 (9 digits)Phone Number E-mail address Cell phone (area code)Check if applicable or specify relationship Owner Other – specify relationship |
| **Information and Plan Submittal Checklists.** All plans submitted for state review are now processed electronically through our website at: [https://esla.wi.gov](https://esla.wi.govS) Submittal checklists can be found in each applicable component manual appearing on the POWTS program page under Publications [POWTS Components Manuals](https://apps3.dsps.wi.gov/php/sb-ppalopp/prodcode_result.php/POWTSM/POWTS_COMPONENT_MANUAL) |
| **Designer Signature**  | **TOTAL AMOUNT DUE** | **$**  |

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# 5. POWTS SUBMITTAL (check all that apply – incomplete forms may result in processing delays)

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| **NEW Aerobic Treatment Unit(s) Chlorinator Tank Replacement Only REPLACEMENT Commercial System UV Disinfection Unit Add Effluent Filter** |
| **SYSTEM TYPE(S) NOTE: Submit separate sheets for each system if submitting multiple systems on the same site** |  | **Enter Fee** |
| **Revision to previously approved plan $85.00****Miscellaneous Review (i.e., replacement of a septic tank, addition of an effluent filter or pretreatment device to an existing system, etc.) $80/hr.** |  |
| Component Manual | Design Wastewater Flow inGallons Per day GPD | All treatment components are previously approved under s. SPS 384.10 (2) or (3):Design wastewater flow of the proposed system: 1,000 gpd or less $ 250.001,001 – 2,000 gpd $ 325.002,001 – 5,000 gpd $ 400.00 |  |
| At-Grade Component Manual - Ver. 2.0, SBD-10854 (N.03/07, R. 1/12) |
| In-ground Component Manual - Ver. 2.0, SBD-10705-P (N.01/01, R 10/12) |
| Mound Component Manual – Ver. 2.0, SBD-10691-P (N.01/01, R 10/12) |
| Pressure Distribution Component Manual – Ver. 2.0, SBD-10706-P (N.01/01, R 10/12) |
| Other - Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Soil Based Individual Site Design\*At GradeNon-Pressurized In-ground Pressurized In-ground MoundDriplineConstructed Wetlands\* Documentation must be provided to support treatment and dispersal claims. In a separate statement, provide rationale for the project and attach supporting documents (code sections, test reports, technical papers, research articles, etc.) | Design Wastewater Flow inGallons Per day | One or more treatment components are not previously approved under s. SPS 384.10 (2) or (3): (Individual site design/deviation from component manuals and use of components without product approval):Design wastewater flow of the proposed system: |  |
| GPD | 1,000 gpd or less $450.001,001 – 2,000 gpd $600.002,001 – 5,000 gpd $750.00greater than 5,000 gpd $900.00 plus $0.08 for each gallon over 5000 gpd |
| State-owned facilities:Holding Tank Component Manual, Ver. 2.0, SBD-10855-P (N.03/07, R1/12)\*\* Non-state owned Commercial and Residential Holding tanks that completely utilize this manual and have an estimated daily flow of less than 3000 gallons per day must be submitted to the appropriate governmental unit for review instead of the Department. [see SPS 383.32(3)(a)] | Design Wastewater Flow inGallons Per day | Holding tanks previously approved under s. SPS384.10 (2)(3). Design wastewater flow of the proposed system: |  |
| GPD | 5,000 gpd or less $ 90.005,001 – 10,000 gpd $150.00greater than 10,000 gpd $225.00 |
| Holding Tank Individual Site Design\*, (i.e., site constructed, <5 day holding capacity, Co- mingled wastewater, etc.)Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\* Documentation must be provided to support the rationale for the project. In a separate statement, please include all code sections, test reports, technical papers, research articles, etc.) | Design Wastewater Flow inGallons Per dayGPD | Holding tanks including site constructed tanks NOT previously approved under s. SPS 384.10 (2) or (3). Design wastewater flow of the proposed system:5,000 gpd or less $180.005,001 – 10,000 gpd $300.00greater than 10,000 gpd $450.00 |  |
| Soil Saturation Determination Report (using observation pipes) Interpretive Determination |  | $240.00 |  |
| Experimental System (One-time additional fee). Submit fee for individual system as per appropriate above system type) | Experiment Number  | $400.00 |  |

Priority Review (enter same amount as normal review fee listed above) $

# Enter Total (rounded to the nearest dollar) $

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