



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

For Electronic Plan Submission provide SharePoint User name below: For plan status, check our website at <http://www.dsp.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 delegation check our website at <http://www.dsp.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 _____ () City () Village () Town of _____

Confirmation of assignment to a reviewer.

Transaction ID: _____

Previous Related Trans. ID: _____

Estimated Completion Date: _____

Assigned Reviewer: _____

Assigned Office: _____

Mail to your office of choice below:
Hayward, LaCrosse, Waukesha

2. After plans are reviewed, please: (check all that apply)

Call customer 1, 2 (circle number)* Plans to be E-filed (Enter
Requesting party will pick up SharePoint User Name Above)

Mail plans to customer 1, 2 (circle number)*
*Refers to customer number from below

NOTE: We reserve the right to re-distribute plans to another office if needed to reasonably balance turnaround times. Check <http://dsp.wi.gov> for office availability and next available review date

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)

First Name _____	Last Name _____	DSPS Customer Number _____
Company Name _____		
Address _____		
City _____	State _____	Zip+4 (9digits) _____
Phone Number (area code) _____	Fax or Internet _____	cell phone _____
Check if applicable () Owner		

Other Please Specify Below (Customer 2)

First Name _____	Last Name _____	DSPS Customer Number _____
Company Name _____		
Address _____		
City _____	State _____	Zip+4 (9digits) _____
Phone Number (area code) _____	Fax or Internet _____	cell phone _____
Check if applicable or specify relationship () Owner () Other – specify relationship _____		

4. Information and Plan Submittal Checklists. POWTS scheduling is not available. Plans will be assigned to a reviewer after receipt of plans. If you select a specific office your estimated completion date may be considerably greater than what would be possible in another office. Submittals received without a specific office indicated on the form may be assigned to offices other than the receiving office depending on reviewer availability. Submittal checklists can be found in each applicable component manual. **You may email technical code questions to DSPSSBPowtsTech@wi.gov.**

<p>Hayward DSPS 10541N Ranch Rd Hayward WI 54843 715-634-4870 Fax: 715-634-5150 Email: DspSbPlanSchedule@wi.gov</p>	<p>LaCrosse Area DSPS 3824 N Creekside Holmen WI 54636 (NOTE CHANGE) 608-785-9334 Fax: 608-785-9330 Email: DspSbPlanSchedule@wi.gov</p>	<p>Waukesha DSPS 141 NW Barstow St 4th Floor Waukesha WI 53188-3789 262-548-8600 Fax: 262-548-8614 Email: DspSbPlanSchedule@wi.gov</p>
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<p>Make Checks Payable to: Division of Industry Services OR</p> <p><input type="checkbox"/> Check box to invoice designer and sign below</p> <p>Designer Signature _____</p>	<p>TOTAL AMOUNT DUE \$ _____</p> <p>Review Code 7633</p>
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5. POWTS SUBMITTAL (check all that apply – incomplete forms may result in processing delays)

<input type="checkbox"/> NEW <input type="checkbox"/> REPLACEMENT	<input type="checkbox"/> Aerobic Treatment Unit(s) <input type="checkbox"/> Commercial System	<input type="checkbox"/> Chlorinator <input type="checkbox"/> UV Disinfection Unit	<input type="checkbox"/> Tank Replacement Only <input type="checkbox"/> Add Effluent Filter
SYSTEM TYPE(S)			Enter Fee
NOTE: Submit separate sheets for each system if submitting multiple systems on the same site.			
<input type="checkbox"/> Revision to previously approved plan <input type="checkbox"/> Miscellaneous Review (i.e. replacement of a septic tank, addition of an effluent filter or pretreatment device to an existing system, etc.)			\$85.00 \$80/hr
<input type="checkbox"/> Component Manual <input type="checkbox"/> At-Grade Component Manual - Ver. 2.0, SBD-10854 (N.03/07, R. 1/12) <input type="checkbox"/> In-ground Component Manual - Ver. 2.0, SBD-10705-P (N.01/01, R 10/12) <input type="checkbox"/> Mound Component Manual – Ver. 2.0, SBD-10691-P (N.01/01, R 10/12) <input type="checkbox"/> Pressure Distribution Component Manual – Ver. 2.0, SBD-10706-P (N.01/01, R 10/12) <input type="checkbox"/> Drip-Line Dispersal Component Manual, SBD-10657-P (N.6/99) <input type="checkbox"/> Other - Please specify _____	Design Wastewater Flow in Gallons 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 \$ 250.00 1,001 – 2,000 gpd \$ 325.00 2,001 – 5,000 gpd \$ 400.00	_____
<input type="checkbox"/> Soil Based Individual Site Design* <input type="checkbox"/> At Grade <input type="checkbox"/> Non-Pressurized In-ground <input type="checkbox"/> Pressurized In-ground <input type="checkbox"/> Mound <input type="checkbox"/> Drip-line <input type="checkbox"/> Constructed 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 in Gallons Per day _____ GPD	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: 1,000 gpd or less \$450.00 1,001 – 2,000 gpd \$600.00 2,001 – 5,000 gpd \$750.00 greater than 5,000 gpd \$900.00 plus \$0.08 for each gallon over 5000 gpd	_____
State-owned facilities: <input type="checkbox"/> 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 in Gallons Per Day _____ GPD	Holding tanks previously approved under s. SPS 384.10 (2)(3). Design wastewater flow of the proposed system: 5,000 gpd or less \$90.00 5,001 – 10,000 gpd \$150.00 greater than 10,000 gpd \$225.00	_____
<input type="checkbox"/> 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 in Gallons Per Day _____ GPD	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 \$180.00 5,001 – 10,000 gpd \$300.00 greater than 10,000 gpd \$450.00	_____
<input type="checkbox"/> Soil Saturation Determination Report (using observation pipes) <input type="checkbox"/> Interpretive Determination			\$240.00
<input type="checkbox"/> Experimental System (One time additional fee). Submit fee for individual system as per appropriate above system type) Experiment Number _____			\$400.00

Prior approval from a section chief is required for a priority review.
If approval is granted, the priority will be reviewed within 5 days of receipt.

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

Priority review fee is double the normal review fee.

Enter Total (rounded to the nearest dollar) \$ _____