Marathon County CPZ Department
210 River Drive, Wausau, WI 54403-5449
(715) 261-6021

1 _____
2 _____
3 _____

Marathon County Application for Sanitary Permit

Sanitary permits expire two years after the date of issuance unless the permit is renewed prior to expiration. All renewals are subject to the State codes in effect on the date of renewal. The CPZ department shall inspect all systems before covering.

Owner
Address

Telephone

Driving Directions

Parcel # (PIN):
Municipality
1/4, 1/4, Sec. T. N., R. E.
Subdivision/CSM
Lot Blk
Structure: New Existing
POWTS: New Replacement

Certified Soil Tester _____
Plumber _____

Driving Sketch

DO NOT WRITE BELOW THIS LINE **DO NOT WRITE BELOW THIS LINE**

Plan ID# _____ **County ID** # _____ PLB 68# _____

FEES	Date	Amount
Soil Ver.		
Complete		
Plan Review		

Design Criteria: Reconnect [ ] Yes [ ] No
System Type _____ # Bedrooms ____ Non-res. Des. _____
[ ] Septic [ ] Holding, # of Tanks _____ Total Vol. _____ Dose Tank Vol. _____
Pump _____ FM Lgth x Dia. _____ Vert. Lift _____
Cell Size _____ Sq.ft. _____ Min. Reqd. _____ Depth _____
# of Lines ____ Dia. _____ Lgth _____ Orf. Spacing _____ Orf. Dia. ____
Manifold Lgth x Dia. _____ Sys. Elevation _____
Mound or At-Grade Dimensions: W _____ L _____ J _____ K _____

Abatement Orders [ ] Yes [ ] No WI Fund [ ] Yes [ ] No
HT Agreement _____
Other _____

Zoning Authority _____

Review Date _____ by _____
_____ by _____
Date Issued _____ by _____
Notification Date _____
Acceptance Date _____

Date	Inspector	Inspection/Remarks

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