**Checklist for Sanitary Permit Applications**

Forest County Zoning Department

200 E. Madison St.

Crandon WI 54520

(715)478-3893

* **ALL FORMS AND APPLICATIONS MUST BE COMPLETE AND SIGNED IN PERMANENT INK\***
* **1- Set of Originals 2- Sets of copies!!!**

1**. INDEX PAGE**

1. Project name/Description
2. Table of contents
3. Designer Information and/or plumber information
4. Component Manual Used
5. Signature

2**. Sanitary Permit Application (SBD-6398)**

3. **Plot Plan ( To Scale or To Dimension**)

 a. Absorption Area h. Fire number and Nearest Road

 b. Bench Mark i. Surface elevation of water body

 c. North Arrow j. Filter information

 d. Contour Lines k. Tank information and Location

 e. Wells l. Property lines

 f. Structures m. Boring locations

 g. Existing Systems

4. **Soil and Site Evaluation Report**

 a. Include or indicate “on file” at Zoning Office or “ Original”

5**. Cross-Section of the System**

 a. Lateral Elevation

 b. Positon of Observation Pipes

 c. Dimensions and Depths

 d. Design Calculations

6**. Septic Tank and/or Pump Tank Information**

 a. Tank cross section

 b. Pump Curve (if applicable)

7. **Contingency/ Maintenance Plan**

8**. Fees**