



APPLICATION FOR REVIEW

-Complete all pages-

POWTS

**Safety & Buildings Division
Bureau of Integrated Services**

NOTE: Personal information you provide may be used for secondary purposes [Privacy Law s. 15.04(1)(m), Stats.]

For plan status, check our website at <http://www.commerce.state.wi.us/SB/SB-DivReviewStatusSearch.html>

Several counties have been delegated certain authority to review plans in lieu of Commerce. For a current list of those counties and their delegation check our website at <http://www.commerce.state.wi.us/SB/SB-PowtsProgram.html>.

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:
Green Bay, Hayward, LaCrosse, Madison, Shawano, Waukesha

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

Call customer 1, 2 (circle number)*
 Requesting party will pick up
 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://commerce.wi.gov/SB/SB-DivDailyDoc.html#Next> for office availability and next 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 _____ Commerce 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 _____ Commerce 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 ComSBPowtsTech@wisconsin.gov.**

Madison S&BD 201 W Washington Ave PO Box 7162 Madison WI 53707-7162 608-266-3151 Fax: 608-267-9566 TTY: Contact Through Relay Email: PlanSchedule@commerce.state.wi.us	Hayward S&BD 10541N Ranch Rd Hayward WI 54843 715-634-4870 Fax: 715-634-5150 Email: PlanSchedule@commerce.state.wi.us	LaCrosse Area S&BD 3824 N Creekside Holmen WI 54636 608-785-9334 Fax: 608-785-9330	Green Bay S&BD 2331 San Luis Place Green Bay, WI 54304 920-492-5601 FAX: 920-492-5604 Email: PlanSchedule@commerce.state.wi.us	Waukesha S&BD 141 NW Barstow St 4 th Floor Waukesha WI 53188-3789 262-548-8600 Fax: 262-548-8614 Email: PlanSchedule@commerce.state.wi.us
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MAKE CHECKS PAYABLE TO DEPT OF COMMERCE Attach check here	TOTAL AMOUNT DUE \$ _____ Review Code 7633
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SBD-10577 (R.03/2010)

FOR THE MOST CURRENT APPLICATION, CHECK OUR WEBSITE AT www.commerce.state.wi.us/SB/SB-DivForms/POWTS

5. POWTS SUBMITTAL (check all that apply)

<input type="checkbox"/> New Construction	<input type="checkbox"/> Aerobic Treatment Unit(s)	<input type="checkbox"/> Chlorinator
<input type="checkbox"/> Replacement of System	<input type="checkbox"/> Commercial System	<input type="checkbox"/> UV Disinfection Unit

SYSTEM TYPE(S)	NOTE: Submit separate sheets for each system if submitting multiple systems on the same site.	Enter Fee								
<input type="checkbox"/> Revision to previously approved plan <input type="checkbox"/> Miscellaneous Review (\$80/hr for replacement of a septic tank, addition of an effluent filter or pretreatment device to an existing system, etc.) <input type="checkbox"/> Lot Restriction Waiver		\$85 \$80/hr \$100/lot _____								
<input type="checkbox"/> Component Manual <input type="checkbox"/> At-Grade Component Manual, SBD-10570-P (R.6/99) <input type="checkbox"/> At-Grade Component Manual – Version 2.0, SBD-10854 (N.03/07) <input type="checkbox"/> Conventional POWTS Component Manual, SBD-10567-P (R.6/99) <input type="checkbox"/> Drip-Line Dispersal Component Manual, SBD-10657-P (N.6/99) <input type="checkbox"/> In-ground POWTS Component Manual, Version 2.0, SBD-10705-P (N.01/01) <input type="checkbox"/> Mound Component Manual, SBD-10572-P (R.6/99) <input type="checkbox"/> Mound Component Manual – Version 2.0, SBD-10691-P (N.01/01) <input type="checkbox"/> Pressure Distribution Component Manual, SBD-10573-P (R.6/99) <input type="checkbox"/> Pressure Distribution Component Manual – Version 2.0, SBD-10706-P (N.01/01) <input type="checkbox"/> Other - Specify _____	Design Wastewater Flow in Gallons Per Day _____ GPD	All treatment components are previously approved under s. Comm 84.10 (2) or (3): Design wastewater flow of the proposed system: <table style="width:100%; border: none;"> <tr> <td style="width:70%;">1,000 gpd or less</td> <td style="text-align: right;">\$250.00</td> </tr> <tr> <td>1,001 – 2,000 gpd</td> <td style="text-align: right;">\$325.00</td> </tr> <tr> <td>2,001 – 5,000 gpd</td> <td style="text-align: right;">\$400.00</td> </tr> </table>	1,000 gpd or less	\$250.00	1,001 – 2,000 gpd	\$325.00	2,001 – 5,000 gpd	\$400.00		
1,000 gpd or less	\$250.00									
1,001 – 2,000 gpd	\$325.00									
2,001 – 5,000 gpd	\$400.00									
<input type="checkbox"/> 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"/> Dripline <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. Comm 84.10 (2) or (3): (Individual site design/deviation from component manuals and use of components without product approval): Design wastewater flow of the proposed system: <table style="width:100%; border: none;"> <tr> <td style="width:70%;">1,000 gpd or less</td> <td style="text-align: right;">\$450.00</td> </tr> <tr> <td>1,001 – 2,000 gpd</td> <td style="text-align: right;">\$600.00</td> </tr> <tr> <td>2,001 – 5,000 gpd</td> <td style="text-align: right;">\$750.00</td> </tr> <tr> <td>greater than 5,000 gpd</td> <td style="text-align: right;">\$900.00 plus \$0.08 for each gallon over 5000 gpd</td> </tr> </table>	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
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greater than 5,000 gpd	\$900.00 plus \$0.08 for each gallon over 5000 gpd									
<input type="checkbox"/> Holding Tank Individual Site Design <input type="checkbox"/> Site Constructed Holding Tank	Design Wastewater Flow in Gallons Per Day _____ GPD	Holding tanks NOT previously approved under s. Comm 84.10 (2) or (3) and site constructed tanks. Design wastewater flow of the proposed system: <table style="width:100%; border: none;"> <tr> <td style="width:70%;">5,000 gpd or less</td> <td style="text-align: right;">\$180.00</td> </tr> <tr> <td>5,001 – 10,000 gpd</td> <td style="text-align: right;">\$300.00</td> </tr> <tr> <td>greater than 10,000 gpd</td> <td style="text-align: right;">\$450.00</td> </tr> </table>	5,000 gpd or less	\$180.00	5,001 – 10,000 gpd	\$300.00	greater than 10,000 gpd	\$450.00		
5,000 gpd or less	\$180.00									
5,001 – 10,000 gpd	\$300.00									
greater than 10,000 gpd	\$450.00									
<input type="checkbox"/> <input type="checkbox"/> Holding Tank Component Manual, SBD-10571-P (R.6/99)* <input type="checkbox"/> Holding Tank Component Manual, Version 2.0, SBD-10855-P (N.03/07)* *Holding tanks that completely utilize one of these methods and have an estimated daily flow of less than 3000 gallons per day must be submitted to the appropriate county for review instead of the S&B Division except when the wastewater is comingled with industrial wastes or wastewater (see Comm. 83.32(3)(a))	Design Wastewater Flow in Gallons Per Day _____ GPD	Holding tanks previously approved under s. Comm 84.10 (2)(3). Design wastewater flow of the proposed system: <table style="width:100%; border: none;"> <tr> <td style="width:70%;">5,000 gpd or less</td> <td style="text-align: right;">\$90.00</td> </tr> <tr> <td>5,001 – 10,000 gpd</td> <td style="text-align: right;">\$150.00</td> </tr> <tr> <td>greater than 10,000 gpd</td> <td style="text-align: right;">\$225.00</td> </tr> </table>	5,000 gpd or less	\$90.00	5,001 – 10,000 gpd	\$150.00	greater than 10,000 gpd	\$225.00		
5,000 gpd or less	\$90.00									
5,001 – 10,000 gpd	\$150.00									
greater than 10,000 gpd	\$225.00									
<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 fee is double the normal review fee.**

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

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