

CITY OF FRANKLIN
INSPECTION SERVICES
9229 W. LOOMIS ROAD, FRANKLIN, WI 53132
(414) 425-0084, FAX (414) 425-7513

Mound System — New Installation/Replacement

ITEMS REQUIRED FOR PERMIT APPLICATION:

1. Soil Evaluation Report.
2. Plumbing permit application with appropriate fee payable to "The City of Franklin". Select type of system and ground water fee (ground water fee check will be separate — see Item 4.)
3. Sanitary Permit application and State approved plans.
4. Check made out to "Industry Services Division" for \$100 - (ground water fee).
5. POWTS Servicing Contract completed and notarized.

OUR OFFICE DOES:

1. Process permit — will complete Sanitary Permit and Sanitary Hard Card. Once this is completed copies of plumbing permit, sanitary permit, and receipts can be sent to the plumber. **KEEP COPIES OF ALL PAPERWORK FOR PERMIT FILE.** •
2. Submit Sanitary Permit summary along with separate \$100 check for ground water fees to "Industry Services Division" (2331 San Luis Place, Green Bay, WI 54304.) Keep originals in our file.

Industry Services Division 1400 E Washington Ave P.O. Box 7162 Madison, WI 53707-7162		County Sanitary' Permit Number (to be filled in by Co.)			
Sanitary Permit. Application					
In accordance with SPS 333.21(2), Wis. Adm. Code, submission of this form to the appropriate governmental unit is required prior to obtaining a sanitary permit. Note: Application forms for state-owned POWTS are submitted to the Department of Safety and Professional Services. Personal information you provide may be used for secondary purposes in accordance with the Privacy Law, s. 15.04(1)(m), Stats.					
I. Application Information — Please Print All Information					
Property Owner's Name		Parcel #			
Property Owner's Mailing Address		Property Location Govt. Lot			
City, State	Zip Code	Phone Number			
II. Type of Building (check all that apply) <input checked="" type="checkbox"/> 1 or 2 Family Dwelling-Number of Bedrooms		Lot # Subdivision Name			
<input type="checkbox"/> Public/Commercial — Describe Use		Block #			
<input type="checkbox"/> State Owned — Describe Use		CSM Number			
III. Type of Permit: (Check only one box on line A. Complete line B if applicable)					
A.	<input type="checkbox"/> New System <input type="checkbox"/> Replacement System <input checked="" type="checkbox"/> Treatment/Holding Tank Replacement Only	<input type="checkbox"/> Other Modification to Existing System (explain)			
B.	<input type="checkbox"/> Permit Renewal Before Expiration <input type="checkbox"/> Permit Revision <input type="checkbox"/> Change of Plumber <input type="checkbox"/> Permit Transfer to New Owner	List Previous Permit Number and Date Issued			
IV. Type of POWTS System/Component/Device: (Check all that apply)					
<input type="checkbox"/> Non-Pressurized In-Ground <input type="checkbox"/> Pressurized In-Ground <input type="checkbox"/> At-Grade <input checked="" type="checkbox"/> Mound > 24 in. of suitable soil <input type="checkbox"/> Mound < 24 in. of suitable soil <input type="checkbox"/> Holding Tank <input type="checkbox"/> Other Dispersal Component (explain) <input type="checkbox"/> Pretreatment Device (explain)					
V. Dispersal/Treatment Area Information:					
Design Flow (gpd)	Design Soil Application Rate(gpdst)	Dispersal Area Required (st)	Dispersal Area Proposed (st)	System Elevation	
VI. Tank Info		Capacity in Gallons	Total Gallons	# of Units	Manufacturer
		New Tanks	Existing Tanks		
Septic or Holding Tank					
Dosing Chamber					
VII. Responsibility Statement- I, the undersigned, assume responsibility for installation of the POWTS shown on the attached plans.					
Plumber's Name (Print)		Plumber's Signature		MP/MPRS Number	Business Phone Number
Plumber's Address (Street, City, State, Zip Code)					
VIII. County/Department Use Only					
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Owner Given Reason for Denial	Permit Fee	Date Issued	Issuing Agent Signature		
IX. Conditions of Approval/Reasons for Disapproval					

Attach to complete plans for the system and submit to the County only on paper not less than 8 1/2 x 11 inches in size

City of Franklin POWTS Servicing Contract

Contract Date	This contract is made between the	
POWTS Owner(s) Name(s)	and	Name of Maintainer or Company

We acknowledge the installation of a POWTS system on the following property: Provide legal descriptions:

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1. The owner agrees to file a copy of this contract with the local governmental unit hereinafter called the "City, which has signed the maintenance agreement required in Comm. 83.50, Wis. Adm. Code and with the City of Franklin.
 2. The owner agrees to have the POWTS(s) serviced by the maintainer and guarantees to permit the maintainer to have access and to enter upon the property for the purpose of servicing the POWTS(s). The owner agrees to maintain the all-weather access road or drive so that the maintainer can service the POWTS(s) with the pumping equipment. The owner further agrees to pay the maintainer for all charges incurred in servicing the POWTS(s) system as mutually agreed upon by the owner and maintainer.
 3. The maintainer agrees to submit to the City, which has signed the maintenance agreement required by Comm. 83.54, Wis. Adm. Code, and a report for the servicing of the components on a three (3) year basis. The maintainer further agrees to submit a report that shall include:
 - a. The name and address of the person responsible for servicing the POWTS(s).
 - b. The name of the owner of the POWTS(s) system.
 - c. The location of the property on which the POWTS(s) is installed.
 - d. The sanitary permit number issued for the POWTS(s).
 - e. The dates on which the POWTS(s) was serviced.
 - f. The volumes in gallons of the contents pumped from the POWTS(s) component for each servicing.
 - g. The disposal sites to which the contents from the component were delivered.
 4. This agreement will remain in effect until the owner or maintainer terminates this contract. In the event of a change in this contract, the owner agrees to file a copy of any changes to this service contract or a copy of a new service contract with the City of Franklin within ten (10) business days from the date of change to this service contract.

Owner(s) Name(s) (please print)	Owner Signature(s)	
• Registration Number	Maintainer Name (please print)	Maintainer's Signature Maintainer's

Subscribed and sworn to on this date:

Today's Date

Notary Public Signature

Commission Expiration

CITY OF FRANKLIN

9229 W. LOOMIS ROAD - FRANKLIN, WISCONSIN 53132
 Phone (414) 425-0084 - Fax (414) 425-7513

www.franklinwi.gov

**APPLICATION FOR
 PLUMBING PERMIT**

PLEASE PRINT CLEARLY

JOB ADDRESS	SUITE or UNIT #	PROPERTY OWNER / OCCUPANT'S NAME
PLUMBERS BUSINESS NAME	PHONE NO.	MAILING ADDRESS
MAILING ADDRESS	FAX NO.	CITY / STATE / ZIP
CITY / STATE / ZIP		PHONE NO.
EMAIL ADDRESS		DESCRIPTION OF WORK (Required)
MASTER PLUMBER NAME	MASTER PLUMBERS LICENSE #	

CLASS OF WORK:	<input type="checkbox"/> 0 NEW CONSTRUCTION	<input type="checkbox"/> ADDITION	<input type="checkbox"/> EI ALTERATION
USE OF PROPERTY:	<input type="checkbox"/> 0 1 OR 2 FAMILY	<input checked="" type="checkbox"/> ID MULTI-FAMILY	<input type="checkbox"/> COMPERICIAL

Sanitary / Storm / Water laterals or private mains (includes first inspection and test) ;		
Sanitary: New connection at public main		\$75.00 each
From public main or curb to termination, building # of Feet		\$75.00 each 100 L.F. or fraction thereof
Sanitary Building Drain System # of Feet		\$75.00 each 100 L.F. or fraction thereof
Catch Basin / Site Drain		\$50.00 each
Repair or Terminate System		\$75.00 each
Storm Sewer System: New Connection at public main		\$75.00 each
Lateral of Private Main # of Feet		\$75.00 each 100 L.F. or fraction thereof
Storm Building Drain System # of Feet		\$75.00 each 100 L.F. or fraction thereof
Catch Basin: 0 Parking Lot 0 Garage		\$50.00 each
Catch Basin: 0 Yard Type		\$25.00 each
Repair or Terminate System		\$75.00 each
Water: New connection at public main (Must verify with Public Works Department 414-421-2613)		\$75.00 each
From public main or curb to termination, building thereof. # of Feet		\$75.00 each 100 L.F. or fraction thereof
Repair or terminated System		\$75.00 each
Street Cut (Slurry Mix Backfill) (Contact Dept of Public Works, 414-421-1111- L5-2592)		\$500 per cut
Mound System		\$400.00
0 Septic System 0 Holding Tanks 0 Private Sewage System Rehabilitation Program		\$300.00 each
GROUNDWATER Fees for POWTS: Separate Check payable to Public Works Industry Services Division		\$100.00
POWTS on site soils verification - Call Officer.		\$250.00
Replacement of building water piping, sewer piping, etc.		\$60.00
Irrigation system registration (lawn sprinklers): Submit location plans approved by Engineering Department		\$30.00
Check valve, backflow protection device		\$50.00 each
Well Operating Permits (5 Year Permit) 0 New 0 Renewal		0 \$60.00 New 0 \$75.00 Renewal
0 Well Abandonment 0 Septic Tank Abandonment		\$75.00 each
Fire Protection Sprinkler - Main Connection # of connections		\$60.00 each connection
Multi-purpose piping systems (Plan review and Inspections)		\$150.00
Plan Review for residential water piping sizing (when required for 3 or more FULL bathrooms)		\$35.00
Plan Review for Private, Onsite Waste Treatment Systems		\$200.00
Fixture Fee.(New, Removed and/or capped) 4 of fixtures checked (Page 2)		\$15.00 per fixture
(See Page 2 for other fees that may apply)		
		Subtotal:
MINIMUM FEE (EXCEPT BELOW)		\$60.00
REPLACEMENTS: 0 Single Fixture 0 Dishwasher 0 Gas Water Heater 0 Electric Water Heater 0 Water Softener \$30.00 minimum		
TECHNOLOGY FEE: Permit less than \$100 0 \$4.00 Permit is greater than or equal to \$1000 \$7.00		
PLUMBING PERMIT		<i>(Checks payable to City of Franklin)</i> TOTAL FEE:

CONTRACTOR'S SIGNATURE _____ DATE _____

CALL (414) 425-0084 TO SCHEDULE INSPECTIONS 24 HOURS NOTICE REQUIRED

FIXTURES (NEW, REMODELED OR CAPPED)

ENTER at FIXTURE COUNT ON PAGE 1

KITCHEN SINK		BAR SINK	
BAR/COMPARTMENT SINK -EACH TRAP / SODA FOUNTAIN		SEWERAGE EJECTOR	
BATH TUB		STACK CONNECTIONS	
BRADLEY TYPE SINK		SHOWER STALL	
CATCH BASIN		SUMP PUMP	
CONDUCTOR (ROOF)		URINAL	
DISHWASHER		WATER COOLER	
DRINKING FOUNTAIN		WATER CLOSET	
FLOOR DRAIN		WATER SOFTENER	
GARBAGE DISPOSAL		WASH BASINS & LAVATORYS	
HOSE BIBS		WASH FOUNTAIN TYPE SINK	
HOT WATER HEATER Please check: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Solar		WASHER, AUTOMATIC	
		AAV (Studor vents)	
LAUNDRY TRAY		OTHER: (List)	
MANHOLES		TOTAL # OF FIXTURES (Enter Count at Page 1)	
MOP SINK			

OTHER FEES THAT MAY APPLY:

ENTER ON PAGE 1

Failure to call for Required Inspection	\$100.00	
Job Site visit requested for Informational Purposes	\$50.00	
Inspections: 2nd Reinspection and subsequent reinspections	\$75.00 per re-inspection	
Requested inspection during non-work hours	\$90.00 per hour, 2 Hour Minimum	
License reinspections (2nd reinspection and additional inspections)	\$50.00 per re-inspection	
Special inspections (with written request) and reports	\$200.00 each	
Trip charge for offsite duplication of plans, etc.	\$35.00	

WATER SERVICE:	(INCHES) MATERIAL	FROM	TO
SANITARY SEWER:	(INCHES) MATERIAL	FROM	TO
STORM SEWER:	(INCHES) MATERIAL _____	FROM _____	TO _____



**FAILURE TO OBTAIN A PERMIT PRIOR TO COMMENCING WORK (EXCEPT EMERGENCIES) FEE SHALL BE AS FOLLOWS:
FIRST OFFENSE: TRIPLE FEES (3X); SUBSEQUENT OFFENSES: QUADRUPLE FEES (4X).**

**CONSTRUCTION IS NOT COMMENCED PRIOR TO EXPIRATION OF THE PERMIT, THAT PORTION OF THE PERMIT FEE,
EXCLUDING PLAN EXAM FEES THAT EXCEEDS THE MINIMUM FEE WILL BE REFUNDED UPON WRITTEN REQUEST.**

FUTURE SEWERS SHALL BE INSTALLED IN ALL NEW DWELLINGS WHERE SANITARY SEWERS ARE NOT AVAILABLE.

CALL (414) 425-0084 TO SCHEDULE INSPECTIONS

24 HOURS NOTICE REQUIRED



Private Onsite Wastewater Treatment Systems (POWTS) Inspection Report

(Attach to Permit)

Industry Services Division
General Information

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

Permit Holder's Name:		li City	0 Village	0 Town of:
CST BM Elev:	Insp BM Elev:	BM Description:		

County
Sanitary Permit No:
State Plan Transaction ID#:
Parcel Tax No:

Tank Information

TYPE	MANUFACTURER	CAPACITY
Septic		
	Dosing	
Aeration		
Holding		

Elevation Data

STATION	BS	HI	FS	ELEV
Benchmark				
Bldg. Sewer				
St / Ht Inlet				
St / Ht Outlet				
Dt Inlet				
Dt Bottom				
Installation Contour				
Header / Man.				
Dist. Pipe				
Infiltrative Surface				
Final Grade				

Tank Setback Information

TANK TO	P/L	WELL	BLDG	WELL TYPE	ROAD
Septic					NA
Dosing					NA
Aeration					NA
Holding					

Pump / Siphon Information

Manufacturer			Demand		
Model Number			GPM		
TDH	Lift	Friction Loss	System Head	TDH	Ft
Forcemain	Length	Dia	Dist. To Well		

Dispersal Cell Information

DIMENSIONS	Width	Length	No of Cells	
SETBACK INFORMATION	P/L	Bldg	Well	OHWM of Nay Waters
CELL TO				

Type of System	LEACHING CHAMBER	Manufacturer:
		Model Number:

Distribution System

Header / Manifold Length _____ Dia _____	Distribution Pipe(s) Length _____ Dia _____ Spac _____	X Pressure Systems Only	X Hole Size	X Hole Spacing	Observation Pipes 0 Yes 0 No
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Soil Cover

Depth Over Cell Center	Depth Over Cell Edges	Depth of Topsoil	Seeded / Sodded 0 Yes 0 No	Mulched 0 Yes 0 No
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COMMENTS: (Include code discrepancies, persons present, etc.)

Plan revision required? 0 Yes 0 No			
Use other side for additional information	Date	POWTS Inspector's Signature	Cert No

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