

**Buffalo County Sanitary Permit
Application (Reconnections, Repairs)**

App # _____
Fee \$125

Applicant's Name _____ <i>Owner</i> _____ <i>Plumber</i>	__City, __Village, __Town of	County Buffalo	Phone #'s Home () - Work () -
Tax Parcel # - -	Legal Description ____ ¹ / ₄ , ____ ¹ / ₄ , S____, T N, R W	Site Address #	City, State, Zip Code

Information of the Original POWTS

POWTS Type	Tank Manufacturer	Gallons	Date Original Permit Issued	Original Sanitary Permit #
At-grade				
Holding Tank				
In Grnd Non-Press				
Mound				
Seepage Bed				
Seepage Trench				
Other				

Setbacks From Tank

Property Line	Well	OHWB	Structure	Water Service Line

Setbacks From Drainfield

Property Line	Well	OHWB	Structure	Water Service Line

Certified Soil Evaluation-Reconnections (Contact Zoning Dept For Information)

Certified Soil Evaluation Already on File	Limiting Factor within 3' of Soil Absorption Component	Groundwater Monitoring Method Chosen	Septic/Dosing Tank Pumped	Septic/Dosing Tank Condition Checked
Y or N	Y or N	Y or N	Y or N	Y or N

Items to be Repaired-Repairs

Pipe in & out of Tank (No fee required)	Forcemain Component	Drainfield Component	Other

Over

Plumber's Signature _____ Date _____

Mailing Address _____ City/St/Zip _____

License Number MP/MPRS _____

Notes: If application was for a reconnection, please submit copy of the Certified Soil Evaluation Report if it is not already on file in the Zoning Office.

Please make check available to Buffalo County Treasurer. Thank You.



To be filled out by Zoning Personnel

Approved ____ Disapproved ____

Issuing Agent Signature _____

Date _____