

CLARK COUNTY DEPARTMENT OF PLANNING, ZONING & LAND INFORMATION
517 Court Street, Room 204
Neillsville, WI 54456

(715) 743-5130 Fax (715) 743-5154
Email planningandzoning@co.clark.wi.us; Web www.co.clark.wi.us

EMERGENCY POWTS INSTALLATION AGREEMENT

The undersigned hereby makes application for an Emergency Installation Agreement. The undersigned agrees that all work shall be done in accordance with the requirements of the Clark County POWTS Ordinance and/or with all other applicable ordinances and the laws and regulations of the State of Wisconsin. **An Emergency Installation Permit will not be issued prior to this form being signed and fees being submitted.**

Owner

Plumber

Street Address

Street Address

City, State, Zip

City, State, Zip

Telephone

Telephone

Landowner

As the landowner, and responsible party for this agreement, do hereby acknowledge that I am receiving a permit to install a POWTS holding tank, temporary or permanent, without a private sewage system plan review and/or soil test due to emergency conditions consisting a health, safety or environmental concerns.

The State Sanitary Permit Fee and POWTS Plan Review Fee must be submitted with this agreement. An Emergency Permit will not be issued prior to fees being submitted.

Further, I acknowledge that a private sewage system plan will be submitted for review and any required soil test will be completed and submitted within 90 days of this agreement. A State Sanitary Permit will be secured by that date with system installation to occur as soon as possible.

Date

Signature of Landowner

Plumber

As the plumber, I do hereby acknowledge that I am responsible for submitting a State Sanitary Permit Plan for review within 90 days of this agreement. Payment and contract provisions between the plumber and landowner will not affect the execution of the agreement.

The private sewage system has been found to be failing as defined in 145.245 (4) Wisconsin Statutes, and corrective measures will be taken, such that the private sewage system complies with all applicable requirements of chapter SPS 383, Wisconsin Administrative Code.

Date

Signature of Plumber

Department Use Only

Tax Parcel Number _____ Location _____ 1/4 _____ 1/4 Sect _____ Twp _____ R _____ EMW Town _____

Permit # _____ Date Issued _____ Receipt # _____

Remarks _____

Authorized Issuing Agent

Date