

Date Received:

PLAN ID NUMBER:

CLARK COUNTY
Planning, Zoning & Land Information
517 Court Street, Room 204
Neillsville WI 54456
715.743.5130

PLAN REVIEW APPLICATION

POWTS

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

Clark County has been delegated authority by the Department of Safety & Professional Services to review those types of POWTS plans identified below. Those POWTS plans must be designed using approved component manuals. **NOTE: If the POWTS plan does not meet the criteria listed below, the plan must be sent to Department of Safety & Professional Services – Division of Industry Services Division POWTS plan reviewer.**

- ❖ *Pre-cast, or manufactured **holding tanks** for one and two family dwellings. **
 - ❖ *Pre-cast, or manufactured **holding tanks** for public or commercial facilities with a design wastewater flow of 3,000 gpd or less. **
 - ❖ ***Non-pressurized in-ground** systems for one and two family dwellings, public or commercial facilities with a design wastewater flow of 1,000 gpd or less.*
 - ❖ ***Pressurized in-ground** systems that receive a design wastewater flow of 1,000 gpd or less.*
 - ❖ ***Mound** systems that receive a design wastewater flow of 1,000 gpd or less.*
 - ❖ ***At-grade** systems that receive a design wastewater flow of 1,000 gpd or less.*
- *Includes plans using site-constructed tanks with State Product approval*

NOTE: Plans are reviewed on a first-come, first-serve basis. Contact the Clark County Planning and Zoning Department for emergency situations.

POWTS Plan Submittal

Design Flow: _____ gpd

System Type

- POWTS System
- Holding Tank
- Mound < 24" soil
- Mound ≥ 24" soil
- At-Grade
- Non-pressure in-ground
- Pressure in-ground
- Aerobic Treatment Unit

Building Type

- Dwelling, 1 or 2 family
- Public/Commercial Building
- Other _____

Project Information

Project/Site Name: _____

Location, Number & Street of Project: _____

City: _____ Zip: _____

Legal Description: _____

Town: _____ PIN # _____

Designer Information

Name: _____ Lic. Type/#: _____

Company Name: _____

Address: _____

City: _____ Zip: _____

Email: _____

Office Phone: _____ Cell: _____

NOTE: Department policy is to mail approved plans to the submitting designer or plumber. If you wish to have plans sent to a different party, please provide the name and address below:

Type of Submittal

- New
- Revision
- Replacement
- Addition
- Other: _____

Fees Payable to Clark County Planning & Zoning:

Plan Revision	\$ 50
Holding Tank Plan Review	\$ 100
Non-Holding Tank POWTS Plan Review	\$ 250
Sanitary Permit Fee	\$ 350

Fees Payable to Clark County Register of Deeds:

Holding Tank Agreement Recording Fee	\$ 30
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Circle appropriate fees and ENTER total amount: \$ _____

Office Use Only

Reviewed by: _____ Date Approved ___ / ___ / _____ Sanitary Permit # _____