Menominee County Sanitary Permitting Requirements

Supply all documentation to County LCD/Zoning Office for initial review; then documents will be forwarded to Mike Miller, POWTS Inspector contracted by Menominee County

- Complete Wisconsin Dept. of Commerce Sanitary Permit Application with required documentation for specific system components
- Complete Soil Evaluation Report
- CST and Plumbers Plot plans
- Complete Menominee County maintenance agreement
- Complete POWTS Owner's Manual and Management Plan
- Check made to Menominee County for fee(s) – see attached fee schedule

Allow 3-7 days for processing; processing is subject to longer times for systems other than non-pressurized in-ground. Do not start work until permit card is posted onsite. Call Mike Miller at (920) 428-3331 for inspection.

For questions on the County Ordinance, Statutory regulations or maintenance tracking, call Jeremy Johnson at (715) 799-5710.

Safety and Buildings Division
201 W. Washington Ave., P.O. Box 7162
Madison, WI 53707–7162

County: Menominee

Sanitary Permit Number (to be filled in by Co.)

Sanitary Permit Application

State Transaction Number

In accordance with SPS 383.21(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 Servies. Personal information you provide may be used for secondary purposes in accordance with the Privacy Law, s. 15.04(1)(m), Stats.

Project Address (if different than mailing address)

I. Application Information – Please Print All Information

Property Owner's Name

Parcel #

Property Owner's Mailing Address

Property Location

Govt. Lot _____

_____ ¼, _____ ¼, Section _____ (circle one)

T _____ N; R _____ E or W

City, State	Zip Code	Phone Number

II. Type of Building (check all that apply)

☐ 1 or 2 Family Dwelling – Number of Bedrooms _____

☐ Public/Commercial – Describe Use _____

☐ State Owned – Describe Use _____

Lot #

Block #

CSM Number

Subdivision Name

☐ City of _____

☐ Village of _____

☐ Town of _____

III. Type of Permit: (Check only one box on line A. Complete line B if applicable)

A.	☐ New System	☐ Replacement System	☐ Treatment/Holding Tank Replacement Only		☐ Other Modification to Existing System (explain)
B.	☐ Permit Renewal Before Expiration	☐ Permit Revision	☐ Change of Plumber	☐ Permit Transfer to New Owner	List Previous Permit Number and Date Issued

IV. Type of POWTS System/Component/Device: (Check all that apply)

☐ Non-Pressurized In-Ground ☐ Pressurized In-Ground ☐ At-Grade ☐ Mound ≥ 24 in. of suitable soil ☐ Mound < 24 in. of suitable soil

☐ Holding Tank ☐ Other Dispersal Component (explain)_____ ☐ Pretreatment Device (explain)_____

V. Dispersal/Treatment Area Information:

Design Flow (gpd)	Design Soil Application Rate(gpdsf)	Dispersal Area Required (sf)	Dispersal Area Proposed (sf)	System Elevation

VI. Tank Info

	Capacity in Gallons		Total Gallons	# of Units	Manufacturer	Prefab Concrete	Site Constructed	Steel	Fiber Glass	Plastic
	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

☐ Approved	☐ Disapproved ☐ 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

POWTS OWNER'S MANUAL & MANAGEMENT PLAN

FILE INFORMATION

Owner
Permit #

DESIGN PARAMETERS

Number of Bedrooms:		☐ NA
Number of Public Facility Units:		☐ NA
Estimated (average) Flow :		(gal/day)
Design (peak) Flow = (estimated × 1.5):		(gal/day)
In Situ Soil Application Rate:		(gal/day/ft^2)
Standard (Domestic) Influent/Effluent	Monthly average	
Fats, Oil & Grease (FOG)	≤30 mg/L	
Biochemical Oxygen Demand (BOD_5)	≤220 mg/L	☐ NA
Total Suspended Solids (TSS)	≤150 mg/L	
High Strength Influent/Effluent	Monthly average	
(FOG)	>30 mg/L	
(BOD_5)	>220 mg/L	☐ NA
(TSS)	>150 mg/L	
Pretreated Effluent	Monthly average	
(BOD_5)	≤30 mg/L	
(TSS)	≤30 mg/L	☐ NA
Fecal Coliform (geometric mean)	≤10^4	
Maximum Effluent Particle Size	⅛ in dia.	☐ NA
Other:		☐ NA

SYSTEM SPECIFICATIONS

Tank Manufacturer: ☐ NA
☐ Septic ☐ Dose ☐ Holding Volume: (gal)
Tank Manufacturer: ☐ NA
☐ Septic ☐ Dose ☐ Holding Volume: (gal)
Vertical Distance Tank Bottom(s) to Service Pad: (ft)
Horizontal Distance Tank(s) to Service Pad: (ft)
Specific servicing mechanics must be provided if vertical is >15 feet or if horizontal is >150 feet. Specific instructions to be provided on back.
Effluent Filter Manufacturer: ☐ NA
Effluent Filter Model:
Pump Manufacturer: ☐ NA
Pump Model:
Pretreatment Unit Manufacturer: ☐ NA
☐ Mechanical Aeration ☐ Peat Filter
☐ Disinfection ☐ Wetland
☐ Sand/Gravel Filter ☐ Other:
Soil Absorption System ☐ NA
☐ In-Ground (gravity) ☐ In-Ground (pressure)
☐ At-Grade ☐ Mound
☐ Drip-Line ☐ Other:
Other: ☐ NA

MAINTENANCE SCHEDULE

Service Event	Service Frequency		
Pump out contents of tank(s)	☐ When combined sludge and scum equals one-third (⅓) of tank volume ☐ When the high water alarm is activated		
Inspect condition of tank(s)	At least once every: ☐ month(s) ☐ year(s)	**(Maximum 3 years)**	☐ NA
Inspect dispersal cell(s)	At least once every: ☐ month(s) ☐ year(s)	**(Maximum 3 years)**	☐ NA
Clean effluent filter	At least once every: ☐ month(s) ☐ year(s)		☐ NA
Inspect pump, pump controls & alarm	At least once every: ☐ month(s) ☐ year(s)		☐ NA
Flush laterals and pressure test	At least once every: ☐ month(s) ☐ year(s)		☐ NA
Other:	At least once every: ☐ month(s) ☐ year(s)		☐ NA
Other:			☐ NA

MAINTENANCE INSTRUCTIONS

Inspections of tanks and soil absorption systems shall be made by an individual carrying one of the following licenses or certifications: Master Plumber, Master Plumber Restricted Sewer, POWTS Inspector, POWTS Maintainer or Septage Servicing Operator (pumper). Tank inspections must include a visual inspection of the tank(s) to identify any missing or broken hardware, identify any cracks or leaks, measure the volume of combined sludge and scum and a check for any back up or ponding of effluent on the ground surface. The soil absorption system shall be visually inspected to check the effluent levels in the observation pipes and to check for any ponding of effluent on the ground surface. The ponding of effluent on the ground surface may indicate a failing condition and requires the immediate notification of the local regulatory authority.

When the combined accumulation of sludge and scum in any treatment tank equals one-third (⅓) or more of the tank volume, the entire contents of the tank shall be removed by a Septage Servicing Operator (pumper) and disposed of in accordance with chapter NR 113, Wisconsin Administrative Code.

All other services, including but not limited to the servicing of effluent filters, mechanical or pressurized components, pretreatment units, and any servicing at intervals of ≤12 months, shall be performed by a certified POWTS Maintainer.

A service report shall be provided to the local regulatory authority within 30 days of completion of any service event.

START UP AND OPERATION

For new construction, prior to use of the POWTS check treatment tank(s) for the presence of painting products, solvents or other chemicals or sediment that may impede the treatment process and/or damage the soil absorption system. If high concentrations are detected have the contents of the tank(s) removed by a Septage Servicing Operator (pumper) prior to use.

Pump tanks may fill above normal highwater levels prior to startup or due to pump failures. Start up or restoration of power under these conditions is not recommended, as the excess wastewater will be discharged to the soil absorption system in one large dose causing an overload that may result in the backup or surface discharge of effluent and damage to the system. To avoid this situation have the contents of the pump tank removed by a Septage Servicing Operator (pumper) prior to restoring power to the pump or contact a Plumber or POWTS Maintainer to assist in manually operating the pump controls until normal effluent levels are restored within the pump tank.

System start up shall not occur when soil conditions are frozen at the infiltrative surface.

Do not drive or park vehicles over tanks or the soil absorption system. Do not drive or park over, or otherwise disturb or compact, the area within 15 feet down slope of any mound or at-grade soil absorption area.

Reduction or elimination of the following from the wastewater stream may improve the performance and prolong the life of the treatment tanks and soil absorption system: acids, antibiotics, baby wipes, cigarette butts, condoms, cotton swabs, degreasers, dental floss, diapers, disinfectants, fats, foundation drain (sump pump) discharge, fruit and vegetable peelings, gasoline, greases, herbicides, meat scraps, medications, oils, painting products, pesticides, sanitary napkins, solvents, tampons, and water softener brine discharge.

ABANDONMENT

When the POWTS fails and/or is permanently taken out of service the following steps shall be taken to insure that the system is properly and safely abandoned in compliance with s. Comm 83.33, Wisconsin Administrative Code:

- All piping to tanks, pits and other soil absorption systems shall be disconnected and the abandoned pipe openings sealed.
- The contents of all tanks and pits shall be removed and properly disposed of by a Septage Servicing Operator (pumper).
- After pumping, all tanks and pits shall be excavated and removed or their covers removed and the void space filled with soil, gravel or another inert solid material.

CONTINGENCY PLAN

If the POWTS fails and cannot be repaired the following measures have been, or must be taken, to provide a code compliant replacement system:

☐ A suitable replacement area has been evaluated and may be utilized for the location of a replacement soil absorption system. The replacement area should be protected from disturbance and compaction and should not be infringed upon by required setbacks from existing and proposed structure, lot lines and wells. Failure to protect the replacement area will result in the need for a new soil and site evaluation to establish a suitable replacement area. Replacement systems must comply with the rules in effect at the time of their permit issuance.

☐ A suitable replacement area is not available due to setback and/or soil limitations. If the soil absorption system cannot be rehabilitated and barring advances in POWTS technology, a holding tank may be installed as a last resort.

☐ The site has not been evaluated to identify a suitable replacement area. Upon failure of the POWTS a soil and site evaluation must be performed to locate a suitable replacement area. If no replacement area is available a holding tank may be installed as a last resort to replace the failed POWTS.

☐ Mound and at-grade soil absorption systems may be reconstructed in place following removal of the biomat at the infiltrative surface. Reconstructions of such systems must comply with the rules in effect at that time.

WARNING

TREATMENT TANKS, PUMP TANKS, AND HOLDING TANKS MAY CONTAIN POISONOUS GASSES OR LACK SUFFICIENT OXYGEN TO SUSTAIN LIFE. NEVER ENTER ANY TANK UNDER ANY CIRCUMSTANCE. DEATH MAY RESULT. ESCAPE OR RESCUE FROM THE INTERIOR OF A TANK MAY NOT BE POSSIBLE.

ADDITIONAL INSTRUCTIONS: _____

_____

_____

_____

POWTS INSTALLER

Name
Phone

POWTS MAINTAINER

Name
Phone

SEPTAGE SERVICING OPERATOR (PUMPER)

Name
Phone

LOCAL REGULATORY AUTHORITY

Name Menominee County Zoning Dept.
Phone 715-799-5710

This document was drafted by the staffs of the Green Lake, Marquette and Waushara County POWTS regulatory agencies in compliance with sections Comm 83.22(2)(b)(1)(d)&(f) and 83.54(1), (2) & (3), Wisconsin Administrative Code.

MENOMINEE COUNTY
PRIVATE ONSITE WASTE TREATMENT SYSTEM - MAINTENANCE AGREEMENT

Parcel Description. _____

Sanitary Permit #: _____

The information below is the minimum standards for all the components of your private onsite waste treatment system (POWTS). The owner is responsible for the operation and maintenance of each component in order to assure the proper treatment of the waste produced from the structure being served.

To ensure proper performance of the components, the owner should be aware of the following:

- The component is sized for a ___ bedroom home or a _ . GPD Commercial/public use.
- Inspections of the POWTS components are required at least once every three (3) years. The inspection should include pumping the treatment (septic) tank (unless measurement of the solids in the tank indicates this is not needed), checking liquid levels in observation pipes, and examination of any seepage around the system area.
- Treatment and dosing tanks are to be inspected routinely and maintained when necessary in accordance with their approvals.
- The sewage treatment apparatus (filter) is to be inspected and cleaned periodically. This apparatus located on the outlet of the treatment tank will require cleaning based on the discharge to the tank. The typical time frame for cleaning is semi-annually.
- In ground soil absorption components shall be seeded and mulched or sodded to provide frost and erosion protection.
- Ensure proper maintenance of vegetative covering. Areas shall be free of heavy vegetation, leaves and deep rooted plants in order to provide aeration and proper drainage.
- Winter traffic on the soil absorption component is not permitted to avoid frost penetration and to minimize compaction.
- Water softener discharge shall no be allowed into the treatment tank unless accounted for in the system design.
- Clear water or garage floor drains shall not be allowed to discharge into the treatment tank.
- Avoid allowing grease, antibiotics, disinfectants, paint products, degreasers, and slowly on non-biodegradable products such as course fruit and vegetable peelings, sanitary napkins, condoms, cigarette filters, etc. into the treatment tank.
- Drainage away from the components is highly recommended, diverting downspouts and proper design of landscaping in proximity of the soil absorption component is important.
- Reserve area: This property does/does not have an alternate system area. There can be no structures within 10 fee of this tested area and no driving on, excavating or filling of this area. Any disturbances may make it impossible to use this area for replacement.

MAINTENANCE AGREEMENT REQUIREMENTS

I (we) agree to submit to the Responsible Authority a certification to be provided by that Responsible Authority every three (3) years, signed by a master plumber, journeyman plumber, master restricted sewer plumber, licensed septage hauler, or registered sanitarian. This form shall require certification of the following:

1) That the septic tank is structurally sound and that the in ground soil component is in proper operating condition.
2) That after inspection the septic tank is less than1/3 full of sludge
3) That the dates of inspection or pumping of the septic/treatment tanks are listed.

NOTE: You are obligated by law to advise, in writing, any subsequent owner of the requirements of this maintenance agreement.

I (we) certify that I am/we are the owner(s) of the property described as indicated above.

_____ _____

Owner(s) Signature(s) Date Signed

Menominee County Sanitary Fee Schedule

In accordance with County Ordinance #40, Section 17.0

Adopted April 21, 2016

In-ground, non-pressurized*	$400.00
In-ground pressurized*	$500.00
Mound System*	$500.00
At-grade System*	$500.00
Holding Tank*	$500.00
Experimental or new technology system*	$550.00
Replacement tank or drain field only*	$300.00
Modification to an existing POWTS*	$300.00
Reconnection of existing system**	$200.00
Privies**	$350.00
Transfer Fee	$75.00
Renewal Fee	$75.00
Wisconsin Fund Application Fee	$150.00
Appeals Fee	$300.00

*State permit fees include $25.00 WI DNR Groundwater Surcharge and $75.00 Department of Safety and Professional Services Administration fee

**County permits do not require the extra State permit fees