



## Sanitary Permit Submittal Summary

Industry Services Division  
2331 San Luis Place  
Green Bay, WI 54304  
Telephone (920) 492-5601

**Instructions: Please print very clearly or type.** Follow instructions below for *Permits Which Do Not Require A Fee*, *New Permits* and *System Type Summary*. Record necessary information on Line 1 and Line 3. Calculate the total fee required and record on Line 2. Record the total fee sent on Line 4 and mail this form to the department at the address listed in the upper right hand corner along with the check for the amount on Line 4, payable to the "Industry Services Division". Do not include copies of Sanitary Permit Applications along with this summary.

County \_\_\_\_\_

Date Mailed \_\_\_\_\_

[Line 1] \_\_\_\_\_ Total number of new permits issued

[Line 2] \_\_\_\_\_ Total fee required ( [Line 1] times \$100

[Line 3] \_\_\_\_\_ Total fee previously sent to DSPS/Commerce for voided permits\*

[Line 4] \_\_\_\_\_ Total fee sent ( [Line 2] minus [Line 3] )

\*For permits issued prior to December 1, 2008, the fee forwarded to the department was \$75/permit. From that date forward, the fee is \$100.

<i>Department Use Only</i>	
# _____	[Line 5] *([Line 4] divided by \$100)
\$ _____	7635 DSPS Class ([Line 5] times \$75)
\$ _____	7639 DNR Class ([Line 5] times \$25)

**Permits Which Do Not Require A Fee Instructions:** In the space provided below, list the permit numbers for which a fee will not be submitted to the department or for which a refund of a fee already submitted to the department is desired. This includes permits that were voided, transferred to a new owner, where there was a change of plumber, and renewals of previously issued permits. Include dates permits were issued and voided by county and the previously submitted fee amount (if any). Include a written reason for void in the same space or on a separate piece of paper. Total the desired refund amount and record on [Line 3].

**New Permits Instructions:** In the space provided below or on a separate piece of paper, list new permit numbers issued in numerical order and the date the permit was issued. It is acceptable to provide a computer-generated report. Total the number of permits issued and record on [Line 1].

Check box if attaching a list

**System Type Summary Instructions:** In the space provided below, indicate the number of systems that included the components listed below within the design. New refers to a previously undeveloped site. Replacement refers to all others including modifications and additions to existing systems.

	<u>NEW / REPLACEMENT</u>		<u>NEW / REPLACEMENT</u>
Aerobic Treatment Unit	_____ / _____	Holding Tank	_____ / _____
Constructed Wetland	_____ / _____	Non-Pressurized In-Ground	_____ / _____
Peat Filter	_____ / _____	Pressurized In-Ground	_____ / _____
Recirculating Sand Filter	_____ / _____	Drip Line	_____ / _____
Recirculating Synthetic Media Filter	_____ / _____	At-Grade	_____ / _____
Single Pass Sand Filter	_____ / _____	Mound ≥ 24" Suitable Soil	_____ / _____
Other Pretreatment Component	_____ / _____	Mound < 24" Suitable Soil	_____ / _____
		Other Dispersal Component	_____ / _____

---

**Ordering Sanitary Permit Cards**

SBD-6499 Sanitary Permit Cards \_\_\_\_\_ (Enter number that you are requesting)

Permit Numbers Which Have Been Assigned to Your County

Sanitary Permit No. \_\_\_\_\_ Through and Including \_\_\_\_\_ = \_\_\_\_\_ Permits