

Chapter Comm 83

APPENDIX

The material and information contained in this appendix is for clarification purposes only. Appendix material and information are numbered to correspond to the rule number as it appears in the text of the code. Material and information included in this appendix is subject to change without notice, including names, addresses, phone numbers and forms, and reflects information known at the time of publication.

A-83.21 (2) APPLICATION. The specific format of a sanitary permit application is specified by the department and may change depending on the data tracking needs of the department. The uniform application form issued by the department is to be used by all permit issuing agents. It may consist of a paper or electronic format, or both. The sanitary permit application form will require the applicant to report information pertinent to the ownership, use, location, system type, maintenance schedule, and responsible installer. Additionally, plans and specifications for the project must also be submitted with, and are part of, the permit application. Fees for the sanitary permit are based on a statutory minimum as cited in s. 145.19(2), Wis. Stats. and any additional costs levied by the issuing agent.

A-83.21 (3) PROCESSING. The state sanitary permit is issued when evidence and documentation is presented by the owner of the property that minimum code standards have been or will be met.



SANITARY PERMIT APPLICATION

In accord with Comm 83.05, Wis. Adm. Code

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

- Attach complete plans (to the county copy only) for the system, on paper not less than 8 1/2 x 11 inches in size.
- See reverse side for instructions for completing this application

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1) (m)].

County
State Sanitary Permit Number
<input type="checkbox"/> Check if revision to previous application
State Plan Review Transaction Number

I. APPLICATION INFORMATION - PLEASE PRINT ALL INFORMATION

Property Owner Name		Property Location 1/4 1/4, S T, N, R E (or) W	
Property Owner's Mailing Address		Lot Number	Block Number
City, State	Zip Code	Phone Number ()	Subdivision Name or CSM Number

II. TYPE OF BUILDING: (check one) State Owned
 Public 1 or 2 Family Dwelling - No. of bedrooms _____
 City Village Town OF _____ Nearest Road _____

III. BUILDING USE: (If building type is public, check all that apply)
 Parcel Tax Number(s) _____

1 <input type="checkbox"/> Apartment / Condo	6 <input type="checkbox"/> Medical Facility / Nursing Home	10 <input type="checkbox"/> Outdoor Recreational Facility
2 <input type="checkbox"/> Assembly Hall	7 <input type="checkbox"/> Merchandise: Sales / Repairs	11 <input type="checkbox"/> Restaurant / Bar / Dining
3 <input type="checkbox"/> Campground	8 <input type="checkbox"/> Mobile Home Park	12 <input type="checkbox"/> Service Station / Car Wash
4 <input type="checkbox"/> Church / School	9 <input type="checkbox"/> Hotel / Motel	13 <input type="checkbox"/> Other: specify _____

IV. TYPE OF PERMIT: (Check only one box on line A. Check box on line B, if applicable)

A) 1. New System 2. Replacement System 3. Replacement of Tank Only 4. Reconnection of Existing System 5. Repair of an Existing System

B) A Sanitary Permit was previously issued. Permit Number _____ Date Issued _____

V. TYPE OF SYSTEM: (Check only one)

<i>Non-Pressurized Distribution</i>	<i>Pressurized Distribution</i>	<i>Experimental</i>	<i>Other</i>
11 <input type="checkbox"/> Seepage Bed	21 <input type="checkbox"/> Mound	30 <input type="checkbox"/> Specify Type _____	41 <input type="checkbox"/> Holding Tank
12 <input type="checkbox"/> Seepage Trench	22 <input type="checkbox"/> In-Ground Pressure		42 <input type="checkbox"/> Pit Privy
13 <input type="checkbox"/> Seepage Pit			43 <input type="checkbox"/> Vault Privy
14 <input type="checkbox"/> System-In-Fill			

VI. ABSORPTION SYSTEM INFORMATION:

1. Gallons Per Day	2. Absorp. Area Required (sq. ft.)	3. Absorp. Area Proposed (sq. ft.)	4. Loading Rate (Gals/day/sq. ft.)	5. Perc. Rate (Min./inch)	6. System Elev. Feet	7. Final Grade Elevation Feet
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VII. TANK INFORMATION

	Capacity in gallons		Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiber-glass	Plastic	Exper App.
	New Tanks	Existing Tanks									
Septic Tank or Holding Tank						<input type="checkbox"/>					
Lift Pump Tank /Siphon Chamber						<input type="checkbox"/>					

VIII. RESPONSIBILITY STATEMENT

I, the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.

Plumber's Name: (Print) _____ Plumber's Signature: (No Stamps) _____ MP/MFRSW No.: _____ Business Phone Number: _____

Plumber's Address (Street, City, State, Zip Code): _____

IX. COUNTY / DEPARTMENT USE ONLY

<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved <input type="checkbox"/> Owner Given Initial Adverse Determination	Sanitary Permit Fee (Includes Groundwater Surcharge Fee)	Date Issued	Issuing Agent Signature (No Stamps)
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X. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:

PLB 68

COUNTY

SANITARY PERMIT

OWNER _____

PLUMBER _____ LIC. # _____

TOWN OF _____ LOCATED _____

_____ SEC _____ T _____ NR _____

AND/OR LOT _____ BLOCK _____

_____ SUBDIVISION

CHAPTER 145.135 WISCONSIN STATUTES

- (a) The purpose of the sanitary permit is to allow installation of the private sewage system described in the application for permit.
 - (b) The approval of the sanitary permit is based on regulations in force on the date of issue.
 - (c) The sanitary permit is valid for 2 years from original date of issuance and may be renewed for similar periods thereafter. Application for renewal shall be made through the county and shall comply with regulations in effect at the time.
 - (d) Changed regulations will not impair the validity of a sanitary permit until the time of renewal.
 - (e) Renewal of the sanitary permit will be based on regulations in force at the time renewal is sought. Changed regulations may impede renewal.
 - (f) The sanitary permit is transferable. A sanitary permit transfer shall be obtained from the county authority.
- * If you wish to renew the permit, or transfer ownership of the permit, please contact the county authority.

_____ AUTHORIZED ISSUING OFFICER - DATE _____

THIS PERMIT EXPIRES _____ UNLESS RENEWED BEFORE THAT DATE
(TWO YEARS FROM ORIGINAL DATE OF ISSUANCE)

POST IN PLAIN VIEW

VISIBLE FROM THE ROAD FRONTING THE LOT
DURING CONSTRUCTION

Chapter 145 Wisconsin Statutes provides some direction as to the issuance of sanitary permits as follows:

145.135 Sanitary permits.

(1) **VALIDITY.** In this section, "sanitary permit" means a permit issued by the department or any governmental unit responsible for the regulation of private sewage systems for the installation of a private sewage system. No person may install a private sewage system unless the owner of the property on which the private sewage system is to be installed holds a valid sanitary permit. A sanitary permit is valid for 2 years from the date of issue and renewable for similar periods thereafter. A governmental unit responsible for the regulation of private sewage systems may not charge more than one fee for a sanitary permit or the renewal of a sanitary permit in any 12-month period. A sanitary permit shall remain valid to the end of the established period, notwithstanding any change in the state plumbing code or in any private sewage system ordinance during that period. A sanitary permit may be transferred from the holder to a subsequent owner of the land, except that the subsequent owner must obtain a new copy of the sanitary permit from the issuing agent. The results of any percolation test or other test relating to the disposal of liquid domestic wastes into the soil shall be retained by the governmental unit responsible for the regulation of private sewage systems where the property is located. The governmental unit responsible for the regulation of private sewage systems shall make the test results available to an applicant for a sanitary permit and shall accept the test results as the basis for a sanitary permit application unless the soil at the test site is altered to the extent that a new soil test is necessary.

(2) **NOTICE.** A sanitary permit shall include a notice displayed conspicuously and separately on the permit form, to inform the permit holder that:

(a) The purpose of the sanitary permit is to allow installation of the private sewage system described in the permit.

(b) The approval of the sanitary permit is based on regulations in force on the date of approval.

(c) The sanitary permit is valid and may be renewed for a specified period.

(d) Changed regulations will not impair the validity of a sanitary permit.

(e) Renewal of the sanitary permit will be based on regulations in force at the time renewal is sought, and that changed regulations may impede renewal.

(f) The sanitary permit is transferable.

145.19 Sanitary permit.

(1) **REQUIREMENT; INFORMATION; FORMS.** No septic tank may be purchased and no private sewage system may be installed unless the owner of the property on which the private sewage system is to be installed holds a valid sanitary permit from the governmental unit responsible for the regulation of private sewage systems in which the property is located. The department shall prescribe the information to be included in the sanitary permit and furnish sanitary permit forms to the governmental unit. The applicant shall submit the completed sanitary permit to the governmental unit. The governmental unit shall approve or disapprove the sanitary permit according to the rules promulgated by the department under this chapter. No person may sell at retail, as defined under s. 100.201 (1) (d), a septic tank for installation in this state unless the purchaser holds a valid sanitary permit issued under this section.

(2) **FEE.** No fee for a sanitary permit may be less than \$61, or the amount determined under department rule. The governing body for the governmental unit responsible for the regulation of private sewage systems may establish a fee for a sanitary permit which is more than \$61, or the amount determined under department rule.

(3) **COPY OF PERMIT FORWARDED TO THE DEPARTMENT.** The governmental unit responsible for the regulation of private sewage systems shall forward a copy of each valid sanitary permit and \$20, or the amount determined under department rule, of the fee to the department within 90 days after the permit is issued.

(4) **USE OF FEE.** The portion of this fee retained by the governmental unit responsible for the regulation of private sewage systems shall be used for the administration of private sewage system programs.

(5) **FEE ADJUSTMENT.** The department, by rule promulgated under ch. 227, may adjust the minimum permit fee under sub. (2) and the fee portion forwarded under sub. (3).

(6) **GROUNDWATER FEE.** In addition to the fee under sub. (2), the governmental unit responsible for the regulation of private sewage systems shall collect a groundwater fee of \$25 for each sanitary permit. The governmental unit shall forward this fee to the department together with the copy of the sanitary permit and the fee under sub. (3). The moneys collected under this subsection shall be credited to the environmental fund for environmental management.

A-83.21 (6) RENEWALS. Sanitary permit renewals are completed in compliance with s. 145.135 (1) and 145.135 (2) (e), Wis. Stats. A completed sanitary permit renewal application form must be submitted to the local permit issuing agent.

State of Wisconsin
 Department of Commerce
 Safety and Buildings Division
 Integrated Services Bureau

SANITARY PERMIT Transfer/Renewal

County
Uniform Permit Number

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m)].

Permit Renewal Date	Permit Transfer Date	Original Permit Issuance Date	State Regulated Object
Property Location 1/4 1/4,S ,T N,R E (or) W		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City of	
Lot Number	Block Number	Subdivision Name	Nearest Road, Lake or Landmark

PREVIOUS SANITARY PERMIT HOLDER – IF CHANGED: SANITARY PERMIT TRANSFERRED TO

Name (Please Print)	Signature	Name (Please Print)	Phone Number ()
Address	Phone Number ()	Street Address, City, State, Zip Code	

I, the undersigned, assume responsibility for installation of the private sewage system that has been previously approved for this property.

Plumber Signature	Previous Plumber Name (if changed)		
Plumber Address	Previous Plumber address		
MP/MPRSW Number	Phone Number ()	MP/MPRSW Number	Phone Number ()

Issuing Agent Signature _____ Date Approved _____

SBD-6399 (R.4/99)

PLB 68-T

COUNTY

SANITARY PERMIT

No. _____

TRANSFER/RENEWAL

OWNER _____

PLUMBER _____ LIC. # _____

TOWN OF _____ LOCATED _____

_____ SEC. _____ T. _____ N. R. _____

AND/OR LOT _____ BLOCK _____

_____ SUBDIVISION

_____ AUTHORIZED ISSUING OFFICER - DATE _____

THIS PERMIT EXPIRES _____ UNLESS RENEWED BEFORE THAT DATE

POST IN PLAIN VIEW

VISIBLE FROM THE ROAD FRONTING THE LOT
DURING CONSTRUCTION

CHAPTER 145.135 WISCONSIN STATUTES

(a) The purpose of the sanitary permit is to allow installation of the private sewage system described in the application for permit.

(b) The approval of the sanitary permit is based on regulations in force on the date of issue.

(c) The sanitary permit is valid for 2 years from original date of issuance and may be renewed for similar periods thereafter. Application for renewal shall be made through the county and shall comply with regulations in effect at the time.

(d) Changed regulations will not impair the validity of a sanitary permit until the time of renewal.

(e) Renewal of the sanitary permit will be based on regulations in force at the time renewal is sought. Changed regulations may impede renewal.

(f) The sanitary permit is transferable. A sanitary permit transfer shall be obtained from the county authority.

* If you wish to renew the permit, or transfer ownership of the permit, please contact the county authority.

A-83.22 (2) PLANS AND SPECIFICATIONS. A POWTS plan review application form must be completed and submitted with a plan submittal. The application form is uniform state-wide and includes a worksheet to calculate the appropriate fees for the project.



APPLICATION FOR REVIEW
-Complete all pages-

POWTS

Safety & Buildings Division () Check if Confirmation is Desired: () faxed, () mailed
Bureau of Integrated Services () Review in this office only

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

<p>1. Private Sewage Submittal System Type</p> <p>() Groundwater Monitoring () Site Evaluation in lieu of Groundwater Monitoring</p> <p>() POWTS System () At Grade () Holding Tank () Nonpressurized In-Ground-conventional () Pressurized In-Ground-conventional () Mound</p> <p>() Aerobic Treatment System () Sand Filter ___ single pass ___ recirculating () Constructed Wetland () Other: _____</p> <p>Building Type (check one): () Dwelling, 1 or 2 family () Commercial Building () State-owned Building</p> <p>Gallons per Day _____</p>	<p>2. Type of Submittal:</p> <p>() New () Revision, previous transaction number _____ () Replacement () Petition (attach form SBD-9890) () Experiment, experiment approval number _____</p>	<p>Confirmation of assignment to a reviewer.</p> <p>Transaction ID: _____ Previous Related Trans. ID: _____ Estimated Completion Date: _____ Assigned Reviewer: _____ Assigned Office: _____</p>
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3. Project Site Information - Fill in all known information.

Commerce Site Number (if known) _____

Number & Street: _____

Legal Description: _____

County _____ () City () Village () Town of _____

Facility Name: (individual and/or business name of project) _____

Facility Address: (project address) _____ Zip _____ GIS _____

4. After plans are reviewed, please: (check all that apply)

___ Call when completed. ___ Mail plans to customer 1, 2, 3, 4
___ Requesting party will pick up Circle customer number from below.
Other: _____

6. Complete the following designer/owner/requesting information. Utilize the check boxes when designer, owner or requesting party is the same to avoid repeating information.

Designer Information (Customer 1)			Requesting Party if different than designer (Customer 3)		
First Name	Last Name	Customer Number	First Name	Last Name	Customer Number
Company Name			Company Name		
Address			Address		
City	State	Zip+4 (9digits)	City	State	Zip+4 (9digits)
Phone Number (area code)	Fax or Internet	cell phone	Phone Number (area code)	Fax or Internet	
Check others if applicable () Owner () Payer () Requesting party			Check others if applicable () Owner () Payer		
Owner Information (Customer 2)			Other Please specify (Customer 4)		
First Name	Last Name	Customer Number	First Name	Last Name	Customer Number
Company Name			Company Name		
Address			Address		
City	State	Zip+4 (9digits)	City	State	Zip+4 (9digits)
Phone Number (area code)	Fax or Internet		Phone Number (area code)	Fax or Internet	
Check others if applicable () Payer			Check others if applicable () Payer () Other		

MAKE CHECKS PAYABLE TO DEPT OF COMMERCE Attach check here	TOTAL AMOUNT DUE \$ _____ Review Code 7633
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6. Calculation of Fees Required (circle all that apply.)

System Type (Include new and existing tanks)			
Up to	5,000 gallon holding tank	.....	\$60.00
5,001	10,000 gallon holding tank	.....	\$100.00
Over	10,000 gallon holding tank	.....	\$150.00
Up to	1,500 gallon septic tank	.....	\$110.00
1,501 -	2,500 gallon septic tank	.....	\$120.00
2,501 -	5,000 gallon septic tank	.....	\$160.00
5,001 -	9,000 gallon septic tank	.....	\$200.00
9,001 -	15,000 gallon septic tank	.....	\$300.00
Over	15,000 gallon septic tank	.....	\$500.00
Up to	1,000 gallon dose chamber	.....	\$70.00
1,000 -	2,000 gallon dose chamber	.....	\$80.00
2,001 -	4,000 gallon dose chamber	.....	\$100.00
4,001 -	8,000 gallon dose chamber	.....	\$120.00
8,001 -	12,000 gallon dose chamber	.....	\$140.00
Over	12,000 gallon dose chamber	.....	\$160.00
Experimental System (additional one time fee)		.....	\$300.00
Revisions to Approved Plan		.....	\$60.00
Petitions for Variance			
(Include Form SBD-9890)			
	Setback	.....	\$100.00
	Site Evaluation	.....	\$225.00
(for specific system such as evaluating a site to define how placement of sand for a system in fill will affect wastewater or groundwater movement)			
	All Others	.....	\$225.00
	Revision	.....	\$75.00
Groundwater Monitoring - Per Site		.....	\$60.00
(other than a proposed subdivision)			
Site Evaluation in Lieu of Groundwater Monitoring		.....	\$60.00
(clears a site based on a determination that soil mottling not indicative of high groundwater)			

Subtotal.....

Priority Review: Enter same amount as subtotal.....

Prior approval from a section chief is required for a priority review.
If approval is granted, the priority will be reviewed within 5 days of receipt.

Enter TOTAL here and on bottom of FRONT PAGE \$ _____

Note: Fees for aerobic or prepackaged treatment systems that may include trash tanks shall be calculated based on the rated capacity of the aerobic unit or prepackaged treatment system as compared to an equivalent septic tank size.

Note: Fees are pursuant to ch. Comm 2 and are subject to change annually; please contact any of the offices listed below for the most recent copy of this form.

Note: Comm 2 provides for a partial fee refund if a plan action has not been taken within the 15 days of receipt of all required information.

7. Appointment, Scheduling Information, and Plan Submittal Checklists. POWTS scheduling is not available. Plans will be assigned to a reviewer after receipt of plans.
If you wish to receive confirmation of the assigned reviewer and estimated completion date please check the box in the upper right corner of the front page. Also note in the same location that you can designate a specific office for review. If you select a specific office your estimated completion date may be considerably greater than what would be possible in another office. Submittals received without a specific office indicated on the form may be assigned to offices other than the receiving office depending on reviewer availability. To obtain a submittal checklist call the material order unit at 608-266-1818 or one of the full service offices listed below

Madison S&BD 201 W Washington Ave PO Box 7162 Madison WI 53707-7162 608-266-3151 Fax: 608-261-6699 TOD 608-264-8777 Email: madisonsch@commerce.state.wi.us	Hayward S&BD 15837 USH 63 Hayward WI 54843 715-634-4870 Fax: 715-634-5150 Email: haywardsch@commerce.state.wi.us	LaCrosse S&BD. 2226 Rose St LaCrosse WI 54603 608-785-9334 Fax: 608-785-9330 Email: lacrossesch@commerce.state.wi.us	Shawano S&BD 1340 E Green Bay Shawano WI 54166 715-524-3626 Fax: 715-524-3633 Email: shawanosch@commerce.state.wi.us	Green Bay S&BD 2331 San Luis Place Green Bay, WI 54304 920-492-5601 FAX: 920-492-5604 Email: greenbaysch@commerce.state.wi.us	Waukesha S&BD 401 Pilot Court Waukesha WI 53188 414-548-8800 Fax: 414-548-8814 Email: waukeshasch@commerce.state.wi.us
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A-83.22 (3) Plan review process. All proposed POWTS installations require plan review prior to sanitary permit issuance. Projects subject to department review include all projects under Table 83.22-1, and many of the projects under Table 83.22-2. Designated agents may review projects included in Table 83.22-2.

County Plan Review Agents

February 07, 2000

County	Prefabricated Holding Tank 1 & 2 Family A / NA	Prefabricated Holding Tank Public Use Limited GPD	Conventional ST / SAS Public Use Limited GPD	Off Lot Systems HT or Conv. GPD / A / NA	Common Ownership Systems A / NA	Initial Approval Date	Next Scheduled Audit Date	Renewal Date
Brown	A ¹	A ¹	A	A	NA	10/31/94	1996	
Calumet	A ¹	3000 ¹	3000	3000	NA	8/26/94	1996	
Chippewa	A	3000	NA	NA	NA	2/21/97	1997	
Clark	A ¹	3000 ¹	NA	NA	NA	11/22/95	1996	
Eau Claire	A	A	A	A	NA	3/15/95	1998	
Fon du Lac	A	3000	3000	3000	NA	5/5/94	1997	
Green Lake	A	3000	3000	3000	NA	5/5/94	1996	
Langlade	A	3000	NA	3000	NA	4/8/94	1996	
Marathon	A ¹	NA	NA	NA	NA	9/16/98	1998	
Marinette	A ¹	A ¹	3000	3000	A	2/07/00	2001	
Monroe	A	3000	NA	NA	NA	10/31/94	1996	
Outagamie	A ¹	A ¹	NA	NA	NA	5/9/97	1997	
Polk	A	NA	NA	NA	NA	4/15/94	1997	
Trempealeau	A	A	NA	NA	NA	5/23/96	1997	
Waukesha	A	A	A	NA	NA	8/26/95	1996	
Waushara	A	3000	3000	3000	NA	3/25/94	1996	

A = Approved for Review

NA = No Approval

* = Other Limitations See Approval Letter

Footnotes: 1. Approval for precast and site-constructed holding tanks.

Note: GPD limits are for ≤ the amount indicated.

Commerce Plan Review Offices		
Hayward Office 10541 N Ranch Rd Hayward WI 54843 (715) 634-4870	LaCrosse Office 4003 N Kinney Coulee Rd LaCrosse WI 54603 (608) 785-9334	Madison Office 201 W. Washington Ave PO Box 7162 Madison WI 53707-7162 (608) 266-3151
Shawano Office 1340 Green Bay Street Suite 300 Shawano WI 54166 (715) 524-3626	Green Bay Office 2331 San Luis Place Green Bay WI 54304 (920) 492-5601	Waukesha Office 401 Pilot Court Ste C Waukesha WI 53188 (262) 548-8606

A-83.25 (2) ISSUANCE OF BUILDING PERMITS. A building permit is defined in s. Comm 81.01 (43), Wis. Adm. Code, as any written permission from a municipality that allows construction to commence on a structure. In effect, this means that land use and zoning permits, as well as other similar permits that constitute permission to construct are considered building permits.

Prior to building permit issuance, the issuing agent has a statutory responsibility, under s. 66.036, Wis. Stats., to consider whether or not the proposed structure requires connection to a private onsite wastewater treatment system (POWTS), or if the construction will interfere with the operation of an existing POWTS.

Section 66.036, Stats. Building on unsewered property. (1) No county, city, town or village may issue a building permit for construction of any structure requiring connection to a private domestic sewage treatment and disposal system unless a system satisfying all applicable regulations already exists to serve the proposed structure or all permits necessary to install such a system have been obtained.

(2) Before issuing a building permit for construction on any structure on property not served by a municipal sewage treatment plant, the county, city, town or village shall determine that the proposed construction does not interfere with a functioning private domestic sewage treatment and disposal system. The county, city, town or village may require building permit applicants to submit a detailed plan of the owner's existing private domestic sewage treatment and disposal system.

A-83.25 (2) (e) Setbacks. Horizontal setbacks from encumbrance for new POWTS installations are in conformance with Table Comm 83.43 -1 or the rules in effect at the time the system was installed, whichever is less. For setback distances associated with previous administrative codes refer to the previous code issue or the following table.

Code Comparison - POWTS Code Setback Encumbrances (ft)																	
Effective Date	Vertical Separation SAS		Horizontal Separation Soil Absorption System (SAS)								Horizontal Separation Treatment Tank						
	Ground-water	Bedrock	Well	Lake ^b	Cistern	Building	Lot Line	Swimming Pool	Water Service	Public W Main	Well	Lake ^c	Cistern	Building	Lot Line	Swimming Pool	Water Service
6/21/97																	
3/1/97	3/6 ^k	3/6 ^k	50	50	25	25/15/10 ^h	5	15	10	25	25	25	10	5	2	5	10
3/1/94	3/6 ^k	3/6 ^k	50	50	25	25/15/10 ^h	5	15	10	25	25	25	10	5	2	5	10
3/1/92	3/6 ^k	3/6 ^k	50	50	25	25/15/10 ^h	5	15	10	25	25	25	10	5	2	5	10
7/1/91	3/6 ^k	3/6 ^k	50	50	25	25/15/10 ^h	5	15	10	25	25	25	10	5	2	5	10
10/1/85	3	3	50	50	25	25/15/10 ^h	5	15	10	25	25	25	10	5	2	15	10
7/1/83	3	3	50	50	25	25/15/10 ^h	5	15	10	25	25	25	10	5	2	15	10
1/1/81	3	3	50	50	25	25/15/10 ^h	5	15	10	25	25	25	10	5	2	15	10
6/21/80	3	3	50	50	25	25/15/10 ^h	5	15	10	25	25	25	10	5	2	15	10
2/1/79	3	3	50	50	25	25/10 ⁱ	5	25/15 ^j	10	25	25	25	10	5	2	25	10
8/1/77	3 ^e	3 ^e	50	50	25	25/10 ⁱ	5	25/15 ^j	10	25	25	25	10	5	2	25	?
8/1/76	3 ^e	3 ^e	50	50	25	25/10 ⁱ	5	25/15 ^j	10	25	25	25	10	5	2	25	?
12/1/72	3	3	50	50	25	25	5	50	25		25	25	10	5	2	25	?
11/1/71	3	3	50	50	25	25	5	50	25		25	25	10	5	2	25	?
12/1/69	3	3	50	50	25	25	5	50	25		25	25	10	5	2	25	?
3/1/63		0 ^e	50	25	25	25 ^e	5				25		10		2		
5/1/62		0 ^e	50	25	25	25 ^e	5				25		10		2		
3/1/67		0 ^e	50	25	25	25 ^e	5				25		10		2		
9/1/54		0 ^e	50	25	50	50 ^e	5				25		10		2		
1948			50	25	50	50 ^e					25		10		2		
1941			150 ^f		50	50 ^e					25		10		2		
1937			150 ^f		50	50 ^e					25		10		2		
1932			150 ^f		50	50 ^e					25		10		2		
1925			150 ^f		50	50 ^e					25		10		2		
1917			150 ^f		50	50 ^e					25		10		2		
1916			150 ^f		50	50 ^e					25		10		2		
1914			150 ^f		50	50 ^e					25		10	10	2		
Effective Date	Ground-water	Bedrock	Well	Lake ^b	Cistern	Building	Lot Line	Swimming Pool	Water Service	Public W Main	Well	Lake ^c	Cistern	Building	Lot Line	Swimming Pool	Water Service

Footnotes:

- a. Includes water-tight cesspools, sewage tanks, septic tanks, dosing chambers.
- b. Lake category includes lakes, streams or other watercourses.
- c. Lake category includes lakes, streams, rivers, ponds, flowages and reservoirs.
- d. The code required 5 feet of soil over GW or BR. It is assumed that a 3 foot separation was maintained.
- e. Seepage pits shall not extend into creviced rock formations.
- f. May be reduced to 50 feet if well is drilled and cased to 100 ft.
- g. Means a dwelling.
- h. Refers to habitable or occupied bldg with below grade foundation/habitable bldg on slab/uninhabited bldg on slab.
- i. Refers to habitable buildings/uninhabited buildings.
- j. Refers to below ground/above ground swimming pools.
- k. Refers to normal soil/very coarse textured soil.

A-83.43 (6) COMMERCIAL FACILITIES. Table A-83.43-1 may be used to estimate wastewater flows from a commercial building.

Table A-83.43-1 Public Facility Wastewater Flows		
Source	Unit	Estimated Wastewater Flow (gpd)
Apartment or Condominium	Bedroom	100
Assembly hall (no kitchen)	Person (10 sq. ft./person)	1.3
Bar or cocktail lounge (no meals served)	Patron (10 sq. ft./patron)	4
Bar or cocktail lounge* (w/meals – all paper service)	Patron (10 sq. ft./patron)	8
Beauty salon	Station	90
Bowling alley	Bowling lane	80
Bowling alley (with bar)	Bowling lane	150
Camp, day and night	Person	25
Camp, day use only (no meals served)	Person	10
Campground or Camping Resort	Space, with sewer connection and/or service building	30
Campground sanitary dump station	Camping unit or RV served	25
Catch basin	Basin	65
Church (no kitchen)	Person	2
Church* (with kitchen)	Person	5
Dance hall	Person (10 sq. ft./person)	2
Day care facility (no meals prepared)	Child	12
Day care facility* (with meal preparation)	Child	16
Dining hall* (kitchen waste only without dishwasher and/or food waste grinder)	Meal served	2
Dining hall* (toilet and kitchen waste without dishwasher and/or food waste grinder)	Meal served	5
Dining hall* (toilet and kitchen waste with dishwasher and/or food waste grinder)	Meal served	7
Drive-in restaurant* (all paper service with inside seating)	Patron seating space	10
Drive-in restaurant* (all paper service without inside seating)	Vehicle space	10
Drive-in theater	Vehicle space	3
Employees (total all shifts)	Employee	13
Floor drain (not discharging to catch basin)	Drain	25
Gas station / convenience store	Patron	3

Table A-83.43-1 Public Facility Wastewater Flows (continued)		
Source	Unit	Estimated Wastewater Flow (gpd)
Gas station (with service bay)		
Patron	Patron	3
Service bay	Service bay	50
Hospital*	Bed space	135
Hotel, motel or tourist rooming house	Room	65
Medical office building		
Doctors, nurses, medical staff	Person	50
Office personnel	Person	13
Patients	Person	6.5
Migrant labor camp (central bathhouse)	Employee	20
Mobile Home (Manufactured home) (served by its own POWTS)	Bedroom	100
Mobile home park	Mobile home site	200
Nursing, Rest Home, Community Based Residential Facility	Bed space	65
Outdoor sport facilities (toilet waste only)	Patron	3.5
Parks (toilets waste only)	Patron (75 patrons/acre)	3.5
Parks (toilets and showers)	Patron (75 patrons/acre)	6.5
Public shower facility	Shower taken	10
Restaurant*, 24-hr. (dishwasher and/or food waste grinder only)	Patron seating space	4
Restaurant*, 24-hr. (kitchen waste only without dishwasher and/or food waste grinder)	Patron seating space	12
Restaurant, 24-hr. (toilet waste)	Patron seating space	28
Restaurant*, 24-hr. (toilet and kitchen waste without dishwasher and/or food waste grinder)	Patron seating space	40
Restaurant*, 24-hr. (toilet and kitchen waste with dishwasher and/or food waste grinder)	Patron seating space	44
Restaurant* (dishwasher and/or food waste grinder only)	Patron seating space	2
Restaurant* (kitchen waste only without dishwasher and/or food waste grinder)	Patron seating space	6
Restaurant (toilet waste)	Patron seating space	14
Restaurant* (toilet and kitchen waste without dishwasher and/or food waste grinder)	Patron seating space	20
Restaurant* (toilet and kitchen waste with dishwasher and/or food waste grinder)	Patron seating space	22
Retail store	Patron (70% of total retail area ÷ 30 sq. ft. per patron)	1
School* (with meals and showers)	Classroom (25 students/classroom)	500
School* (with meals or showers)	Classroom (25 students/classroom)	400

Source	Unit	Estimated Wastewater Flow (gpd)
School (without meals and showers)	Classroom (25 students/ classroom)	300
Self-service laundry (toilet waste only)	Clothes washer	33
Self-service laundry (with only residential clothes washers)	Clothes washer	200
Swimming pool bathhouse	Patron	6.5

* = May be high strength waste

A-83.43 (6) (a). Actual meter readings may be used to calculate the combined estimated design wastewater flow from a dwelling. To calculate the estimated design wastewater flow use the following formula and compare the answer to the peak metered flow. Choose the larger of the two estimated design flows.

$$(\text{total meter flow}/\text{number of readings})(1.5) = \text{estimated design wastewater flow}$$

The frequency of meter readings should be daily for commercial.

A-83.43 (6) (b) A detailed per capita and per function flow may be established for commercial facilities. The per function flow ratings shall be substantiated by manufacturers data of the per function flow and detailed use data from the facility in question or a similar facility under similar conditions of use. Estimated design wastewater flow shall be at least 1.5 times the total estimated daily flow calculated from the per capita and per function flow information

A-83.43 (7) ESTIMATING CONTAMINANT LOADS

Pathogenic contaminant load may be estimated based on data collected by a reputable testing or research facility.

Typical Data on the Unit Loading Factors and Expected Wastewater Contaminant Loads from Individual Residences

Contaminant	Unit Loading Factor lb/capita per day	Value		
		Unit	Range	Typical
BOD ₅	0.180	mg/L	216-540	392
SS	0.200	mg/L	240-600	436
NH ₃ as N	0.007	mg/L	7-20	14
Org. N as N	0.020	mg/L	24-60	43
TKN as N	0.027	mg/L	31-80	57
Org. P as P	0.003	mg/L	4-10	7
Inorg. P as P	0.006	mg/L	6-17	12
Grease		mg/L	45-100	70
Total Coliform		cfu/100mL	10 ⁷ -10 ¹⁰	10 ⁸

A-83.43 (8) (g) Anchoring system components.

The anchoring of components to counter buoyant forces due to saturated soil conditions can be determined using the following formula:

$$\begin{array}{l} \text{Weight of the component plus the} \\ \text{weight of the anchor} \end{array} = 1.5 \text{ times (volume of water the compo-} \\ \text{nent displaces) times [the weight of} \\ \text{water (62.4 pounds/cubic foot at} \\ \text{39°F)]}$$

A-83.44 ORIENTATION (6)

Orientation of above grade dispersal structures is on the contour except that a 1% cross slope is acceptable along the length as shown below.

