



Industry Services Division  
 4822 Madison Yards Way  
 Madison, WI 53705  
 P.O. Box 7162  
 Madison, WI 53707-7162

County  
 BROWN COUNTY

Issue #  
 H-SC 23586

### Sanitary Permit Application

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

State Transaction Number  
 23586

Project Address (if different than mailing address)  
 3787 N NEW FRANKEN RD

#### I. Application Information – Please Print All Information

Property Owner's Name Parcel Owner  
 FARMSTEAD MEATS LLC

Parcel #  
 SC-257

Property Owner's Mailing Address  
 3787 N NEW FRANKEN RD

Property Location

City, State Zip Code Phone Number  
 NEW FRANKEN, WI 54229

Govt. Lot \_\_\_\_\_  
 \_\_\_\_\_ ¼, \_\_\_\_\_ ¼, Section \_\_\_\_\_

#### II. Type of Building (check all that apply)

COMMERCIAL

Lot #

T \_\_\_\_\_ N \_\_\_\_\_ R \_\_\_\_\_ E or W

Block #

Subdivision Name

Number of Bedrooms \_\_\_\_\_

CSM Number

Describe Use BUTCHER SHOP

TOWN OF SCOTT

#### III. Type of POWTS Permit: (Check either "New" or "Replacement" and other applicable on line A. Check one box on line B. Complete line C if applicable.)

A. TREATMENT/HOLDING TANK REPLACEMENT ONLY

B. TANK REPL. H.T.

C. List Previous Permit Number and Date Issued

#### IV. Dispersal/Treatment Area and Tank Information:

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

Tank Information	Capacity in Gallons		Manufacturer	Material Source
	New Tanks	Existing Tanks		
HOLDING TANK	6000		WEISER	PREFAB CONCRETE

#### V. 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

SCOTT HUVEN

226837

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

#### VI. County/Department Use Only

PERMIT APPROVED Permit Fee .00 Date Issued 10/23/2020 Issuing Agent Signature

#### 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