



Monona County Public Health  
Prevent. Promote. Protect.

**Monona County Environmental  
Health & Zoning –A division of Public Health**

**APPLICATION FOR ONSITE WASTEWATER TREATMENT SYSTEM PERMIT**

**Applicant Name:** \_\_\_\_\_

**Site Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Applicant Phone Number:** \_\_\_\_\_

**Township Name:** \_\_\_\_\_ **Section** \_\_\_\_\_ **Township** \_\_\_\_\_ **Range** \_\_\_\_\_

**Parcel Number:** \_\_\_\_\_

**Lot Size:** \_\_\_\_\_ **Single family residence, how many bedrooms?** \_\_\_\_\_

**If a non-residence, give building type and water usage:**  
\_\_\_\_\_

**Contractor Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Contractor Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**New system construction?** YES NO **Is the grade final?** YES NO **Existing dwelling?** YES NO

**Private Well?** YES NO **Time of Transfer (to sell home)** YES NO

**Application Fee: \$150.00**  
*(Checks made payable to) Monona County Treasurer*

**I certify the above information to be true and correct:**

\_\_\_\_\_  
*Signature of Owner or Agent* \_\_\_\_\_  
*Date*

**DRAW A DIAGRAM OF YOUR PROPERTY**

<i>Official Use Only</i>	
<i>Date of Site Visit:</i> _____	<i>Date Permit Approved:</i> _____
<i>County Permit Number:</i> _____	<i>Fee:</i> _____ <i>TOT:</i> _____
<i>Approved by:</i> _____ <i>Perc Test / Soil Analysis</i>	
<i>Date of Test:</i> _____	<i>Results of Test:</i> _____ <i>Gals/Day:</i> _____