



Monona County Public Health
Prevent. Promote. Protect.

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

**APPLICATION FOR ONSITE WASTEWATER TREATMENT SYSTEM
REPAIR PERMIT**

Name of Homeowner: _____

Site Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Township Name: _____ Section _____ Township _____ Range _____

Parcel Number: _____ Number of Bedrooms: _____

Contractor Name: _____ Phone: _____

Contractor Address: _____

City: _____ State: _____ Zip Code: _____

Repair: _____

Time of Transfer Repair (to sell home?) Yes No

Application Fee: \$75.00
(Make checks payable to) Monona County Treasurer

I certify the above information to be true and correct:

Signature of Owner or Agent

Date

Official Use Only

Date of Site Visit: _____ Date of Inspection: _____

County Permit Number: _____ Fee: _____ TOT: _____

Repair: _____

Approved by: _____