



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: \_\_\_\_\_