

**Village of Lake Nebagamon  
SEWER LATERAL APPLICATION**

INSTRUCTIONS

1. Submit scaled detailed drawing of lateral to Sewer Commission attached to this completed application for their approval and possible approval by the DNR when necessary.
2. After approval of plans and return of application, a state licensed plumber must perform all excavations and install all lateral pipes and make connections to the sewer system.
3. All public property must be returned back to its original condition at the time the connection was made.
4. A fee of \$2,500.00 per unit of service must be paid to sanitary sewer before building permit is issued.
5. Type or print neatly in blue or black ink only.

\_\_\_\_\_  
Month/Day/Year

\_\_\_\_\_  
Permit No.

\_\_\_\_\_  
Last Name/First Name/Middle Initial

\_\_\_\_\_  
Address/City/State/Zip

\_\_\_\_\_  
Fire Number and Location of proposed Sewer Lateral

\_\_\_\_\_  
Plumbers Last Name/First Name/M.I.

\_\_\_\_\_  
License #

\_\_\_\_\_ Plans submitted, approved by Sewer Commission

\_\_\_\_\_ Plans submitted, disapproved by Sewer Commission for the following reasons:

\_\_\_\_\_

\_\_\_\_\_  
Month/Day/Year

\_\_\_\_\_  
Signature of Approval

\_\_\_\_\_ Lateral Approved

\_\_\_\_\_ Connection Approved

\_\_\_\_\_ Lateral not approved for: \_\_\_\_\_

\_\_\_\_\_ Connection not approved for: \_\_\_\_\_

\_\_\_\_\_  
Month/Day/Year

\_\_\_\_\_  
Signature of Approval

## SANITARY PERMIT

Issued to: \_\_\_\_\_

Location: \_\_\_\_\_

### Sanitary Sewer

Number of Occupants \_\_\_\_\_

Number of Lavatories \_\_\_\_\_

Clothes Washer \_\_\_\_\_

Dishwasher \_\_\_\_\_

Number of Tubs \_\_\_\_\_

Number of Showers \_\_\_\_\_

Waste Disposal \_\_\_\_\_

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

Licensed Plumber Name: \_\_\_\_\_ License No. \_\_\_\_\_

### Septic System

Number of Occupants \_\_\_\_\_

Number of Lavatories \_\_\_\_\_

Clothes Washer \_\_\_\_\_

Dishwasher \_\_\_\_\_

Number of Tubs \_\_\_\_\_

Number of Showers \_\_\_\_\_

Waste Disposal \_\_\_\_\_

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

Perc. Test \_\_\_\_\_ Test Rate \_\_\_\_\_ Inches \_\_\_\_\_ Min. \_\_\_\_\_

Septic Tank Size \_\_\_\_\_ Effluent Disposal Size \_\_\_\_\_ Sq. Ft. \_\_\_\_\_

Depth to Ground Water \_\_\_\_\_ Slope \_\_\_\_\_

Soil Tester Name: \_\_\_\_\_ License No. \_\_\_\_\_

Licensed Plumber Name: \_\_\_\_\_ License No. \_\_\_\_\_

This permit will expire one year from date of issue if the work has not begun. Changes in plans or specifications shall not be made without approval.

This permit may be revoked if any of the information given in the application is found to have been misrepresented.

\_\_\_\_\_  
Swan Dawson, Zoning Coordinator