

OFFICE HOURS
8:00 AM – 4:30 PM

MAIN PHONE NUMBER: 608-785-9771
DAVID SAWVELL: 608-785-9726
SAM WELCH: 608-785-9732
FAX NUMBER: 608-793-6565



STAFF
CAROL DRURY, MANAGER
cdrury@lacrossecounty.org
DAVID SAWVELL, SANITARIAN
dsawvell@lacrossecounty.org
SAM WELCH, SANITARIAN
sawelch@lacrossecounty.org

ALL APPLICATIONS/REPORTS WILL BE RETURNED IF INFORMATION IS MISSING

<u>STATE SANITARY PERMITS</u>	<u>COUNTY SANITARY PERMITS</u>
<p>PLUMBERS are responsible for the following items required to obtain a permit. Submit your application in advance.</p> <p><u>PROVIDE:</u></p> <p style="text-align: center;"><i>ALL SECTIONS MUST BE COMPLETE</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Plan Review Cover Sheet <input type="checkbox"/> Sanitary Permit Application Form <input type="checkbox"/> Sketch/Site Design <input type="checkbox"/> Cross-section of trench <input type="checkbox"/> Cross-section of tank/pump chamber with specifications <input type="checkbox"/> System management plan <input type="checkbox"/> State Approval Letter and Approved Plan-Stamped in Red <input type="checkbox"/> Fee. See schedule below 	<p>PLUMBERS are responsible for obtaining the permit. Submit your application in advance.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Reconnection <input type="checkbox"/> Privy/Non-Plumbing (To be completed by Owner) <p><u>PROVIDE:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> County Permit Application Form <input type="checkbox"/> Sketch/Site Design <input type="checkbox"/> Affidavit if required <input type="checkbox"/> Fee. See schedule below

SCHEDULING INSPECTIONS

This office inspects all systems installed before backfill. Please notify this office as far in advance as possible, but no later than 9:00 a.m. the morning of the requested inspection. All paperwork must be turned in before inspection.

SCHEDULING SOIL/SITE EVALUATIONS

La Crosse County conducts on-site inspections for all soil/site evaluations. Please notify this office as far in advance as possible, but no later than 9:00 a.m. the morning of requested inspection. *All backhoe pits left unattended must be protected in such a manner as to prevent accidental entry and injury.*

CST is responsible for the following:

1. Ground surface contour lines on all site plans per Comm 85.40(3)d.
2. Provide the property Tax Parcel Number on the Soil/Site Evaluation report. This can be obtained from the La Crosse County Zoning/Planning/Land Information Office at 608-785-9722.
3. **On-Site Inspection Fee.** See schedule below. On-Sites will be returned if turned in without the proper fee. **These are the 2019 fees for payments received by our department by December 31, 2019. If your payment will be received by our department after December 31st, please call our office for the new fee amount.**

ON-SITE WASTE AND WELL PROGRAM - FEE SCHEDULE

* Make checks payable to Health Department

<u>SERVICES</u>	<u>SANITARY PERMITS</u>	<u>WELL PERMITS</u>
\$115 - Site Evaluation \$175 - Soil Evaluation Pits Open \$240 - Soil Evaluation Pits Covered \$100 – On site Property Review \$95 - Return On-Site Inspection \$90 - Return System Installation \$50 - Sanitary Permit Transfer \$50 - Sanitary Permit Renewal \$50 - Sanitary Permit Revision \$165 - Wisconsin Fund \$55 - Monitoring Wells (each site)	\$530 – In-Ground Non-Pressurized, Holding Tank, Tank Replacement, Addition \$630 - In-Ground Pressure System \$685 – At-Grade System \$795 – Mound System \$270 – Remediation (White Knight/Aero/Retro Fast) <u>COUNTY SANITARY PERMITS</u> \$190 – Reconnection/Repair/ Renovation \$170 – Privy Large System Surcharge 1500 to 3000 gpd Add \$220 +3001 gpd Add \$440	\$195 – Well Permit \$ 45 – Transfer <u>WELL DRILLERS:</u> <input type="checkbox"/> APPLICATION <input type="checkbox"/> SKETCH <input type="checkbox"/> FEE <u>PUMPING FEES</u> \$15 Maintenance Fee \$30 Late Fee