

RACINE COUNTY DEVELOPMENT SERVICES

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A DIVISION OF THE PUBLIC WORKS & DEVELOPMENT SERVICES DEPARTMENT

Pre-Cast or Manufactured Holding Tank Plan Review Application - Estimated Wastewater Flow < 3,000 gpd

Owner's Name: _____ **Company Name:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: () _____ **Cell:** () _____ **Fax:** () _____

Project Location: _____ ☐City ☐Village ☐Town of _____

Legal: _____ ¼, _____ ¼, Sec. _____, T _____ N, R _____ E, Lot: _____, Block: _____, CSM/Subd: _____

☐ Public/Commercial Design ☐ 1 or 2-Family Dwelling, # of Bedrooms _____ Estimated Wastewater Flow (gpd): _____

☐ New Construction ☐ Replacement System – HT Component Manual ☐ SBD-10571-P (R.6/99); ☐ Ver. 2, SBD-10855-P (N.03/07)

Designer's Name: _____ **Company Name:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: () _____ **Cell:** () _____ **Fax:** () _____

Credential #: _____ **Signature of Applicant:** _____ **Date:** _____

Attachments Checklist:

- ☐ Original signed Soil and Site Evaluation form or appropriate documentation, showing a holding tank meets criteria of Sec. 19-55.
- ☐ 3 copies of plans - properly signed, sealed /lic. #, & dated **or** index page bound to the plans that are signed, sealed/lic. # & dated.
- ☐ Plot plan drawn to scale or completely dimensioned showing lot lines, north arrow, scale used, legal description, permanent benchmark, all required setbacks, and existing and proposed structures (including swimming pools), well locations, water service, tank location, building sewer connections, driveways/all-weather road, water bodies, and floodplain location with elevation.
- ☐ Holding tank sizing information. Include # of bedrooms for residences and calculations for public/commercial buildings.
- ☐ Holding Tank cross section drawing. Show manufacturer, model, capacity, dimensions, vent and manhole information (including height above grade), depth to inlet, float/setting, alarm, locking device, bedding, depth of bury, and cathodic protection device.
- ☐ Anchoring calculations showing that there is sufficient ballast/anchoring to hold tank in place.
- ☐ Management plan.
- ☐ Suction line detail, if applicable. Show elevations at all-weather road and bottom of the furthest tank, if more than 15' difference.
- ☐ Floodproofing measures, if applicable.
- ☐ Copy of signed Holding Tank Agreement, with proof that original has been recorded with the County Register of Deeds.
- ☐ Copy of signed Holding Tank Servicing Contract.
- ☐ County Plan review fee of \$90.00. Checks can be made payable to **Racine County Treasurer**.
- ☐ If desired, an application for a sanitary permit (SBD-6398) may accompany the plan and the County will issue a sanitary permit if the plan review is approved and code-compliant. The additional sanitary permit fee must be included with the submittal.

After plans are reviewed, please: ☐ Call _____ ☐ Mail plans to _____

(FOR OFFICE USE)

Date plans received: _____ If additional information was requested, indicate date accepted as complete: _____

Soil Evaluation Reviewed by: _____ Plans Reviewed by: _____

Plan Approval Date: _____ **Holding Tank Plan Review Number:** _____

Fee Received: \$ _____ ☐ Check box if this includes the Sanitary Permit Fee. Paid by: ☐ Cash ☐ Check # _____