

**MONONA COUNTY  
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

<b>Application Fee: \$75.00</b> <i>(Make checks payable to) Monona County Treasurer</i>
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I certify the above information to be true and correct:

\_\_\_\_\_  
*Signature of Owner or Agent*

\_\_\_\_\_  
*Date*

<b>Official Use Only</b>		
<i>Date of Site Visit:</i> _____	<i>Date of Inspection:</i> _____	
<i>County Permit Number:</i> _____	<i>Fee:</i> _____	<i>TOT:</i> _____
<i>Repair:</i> _____		
<i>Approved by:</i> _____		