



# COUNTY OF KENOSHA

## Department of Planning and Development

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### POWTS EVALUATION REVIEW FOR JANUARY 2008 TORNADO PROPERTIES

Date \_\_\_\_\_

Owner Name \_\_\_\_\_

Property Address \_\_\_\_\_

Tax Parcel ID # \_\_\_\_\_

State Sanitary Permit # \_\_\_\_\_ Issue Date: \_\_\_\_\_

Existing # of bedrooms \_\_\_\_\_ Proposed # of bedrooms \_\_\_\_\_

Existing POWTS evaluation required Y/N \_\_\_\_\_

Evidence to support POWTS evaluation request:

- \_\_\_\_\_ No State Sanitary Permit of record
- \_\_\_\_\_ Existing State Sanitary Permit of record greater than 10 years of age
- \_\_\_\_\_ Previous POWTS record of failure
- \_\_\_\_\_ Home reconstruction foundation footprint modification or alteration/change in footprint
- \_\_\_\_\_ Proposed increase/decrease in number of bedrooms proposed
- \_\_\_\_\_ Exterior plumbing disconnection from existing foundation
- \_\_\_\_\_ Insufficient POWTS information on file
- \_\_\_\_\_ Other – Explain - \_\_\_\_\_

Evidence to support waiving POWTS evaluation:

- \_\_\_\_\_ Existing State Sanitary Permit less than 10 years of age
- \_\_\_\_\_ Existing foundation to be used and no proposed increase in number of bedrooms
- \_\_\_\_\_ No exterior plumbing to be done or disconnection from existing foundation
- \_\_\_\_\_ Sufficient POWTS information on file
- \_\_\_\_\_ No previous reported history of POWTS related failure
- \_\_\_\_\_ Other – Explain - \_\_\_\_\_

This determination completed by:

\_\_\_\_\_  
Marcus J. Meyer, R.S.  
County Environmental Sanitarian

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Assistant County Environmental Sanitarian