



Application for General Plumbing Plan Review and Cross Connection Assembly Registration – SBD-6154

Personal information you provide may be used for secondary purposes [Privacy Law s. 15.04(1)(m), Stats.]

This form is for Delegated Agent use only. GENERAL ENGINEERING COMPANY Application for Review, along with a complete set of plans in .pdf format, must be submitted to: gecplanreview@generalengineering.net Do not remit payment with submittal.

1. PLAN REVIEW TYPE
New
Addition/Alteration
Permission to Start (Sections 5 and 15)
Permission to Start
Revision to Previously Approved Plan Where Construction Has Not Been Completed (Section 15)

2. PROJECT TYPE
Site Specific: Sanitary Sewer; (Section 13) Private Interceptor Main Sanitary Sewer; (Section 13) Water Service; (Section 13) Private Water Main; (Section 13) Storm Sewer*; (Section 13) Storm Detention*; (Section 13) Storm Infiltration*; (Section 13) Storm Inlets* (Section 13).
Building Specific: Interior Sanitary DWV; (Section 7) Interior Water Distribution; (Section 8) Interceptors; (Section 9) CCC; (Section 10) Water Treatment; (Section 11)
Other: Campground; (Section 14) Manufactured Home Park; (Section 14)

3. PROJECT INFORMATION
Project/Site Name:
Address (Number and Street):
County: Municipality:

4. CUSTOMER INFORMATION
Designer (Individual that stamped the plan) – Customer 1
Building Owner – Customer 2
Contact Person or Other (Please Specify) – Customer 3

5. OPTIONAL PERMISSION TO START - The request for an early Permission to Start is optional and an additional fee will be applied

As the building owner, I request to begin plumbing installations prior to plan review approval I agree to make any changes required after plans have been reviewed, and to remove or replace any non-code complying construction and make revisions to plans on any changes. I will not permit any installation to exceed 18 inches above the unexcavated floor.

Request is for the following specific plumbing installations:

- Sanitary Sewer
- Private interceptor main sewer(s)
- Storm Sewer
- Water service
- Private water main
- Interior building drain
- Interior water service
- Interior water distribution

Building Owner's Signature: _____ Date: _____

6. BUILDING SPECIFIC INFORMATION

Total number of interior fixtures, including roof drains and hose bibs being submitted for this building:

Sovent/Provent 13D Multi-Purpose Piping Siphonic roof drain systems Structure is greater or equal to 5 stories in height

Project is Apartment/Condo only Healthcare and Related Facility Multiple identical buildings

Total number of identical buildings being submitted on the same site:

Indicate identical building/tenant designation for each building and/or tenant space (ATTACH ADDITIONAL PAGES IF NECESSARY)

Building/Facility Name/Designation	Previous Tenant Name	Building/Facility Address

FEE COMPUTATIONS. Fees are doubled for installation without approval. Follow instructions below to check appropriate boxes and enter corresponding fees. Calculate the fees separately for each building.

7. BUILDING SPECIFIC SANITARY – Select ONE of the following options and enter the corresponding diameter or drainage fixture units (DFU) and enter fee

a. <input type="checkbox"/> Interior Sanitary Drain and Vent System and Exterior Sanitary Building Sewer	Diameter of sanitary building sewer(s) in inches x \$50	\$
b. <input type="checkbox"/> Interior Sanitary Drain and Vent system only	Diameter of sanitary building sewer, in inches, required to serve the building. _____ x \$50	\$
c. <input type="checkbox"/> Interior Sanitary Drain and Vent system within an addition or remodeled building	DFU's new, added or relocated See fee Table 1 in section 18 to convert DFU to a fee	\$
d. <input type="checkbox"/> Multiple exterior Sanitary Building Sewers serving the single building, and the interior Sanitary Drain and Vent system	DFU's new, added or relocated See fee Table 1 in section 18 to convert DFU to a fee	\$
e. <input type="checkbox"/> Interior Sanitary Drain and Vent System with multiple building drains exiting the building. No exterior sanitary sewers	DFU's new, added or relocated See fee Table 1 in section 18 to convert DFU to a fee	\$
Sanitary Fee Subtotal		\$

8. BUILDING SPECIFIC WATER – Select ONE of the following options and enter the corresponding diameter or gallons per minute (GPM) and enter fee

a. <input type="checkbox"/> Interior Water Distribution system and exterior Water Service	Diameter of exterior water service in inches, or if serving a combination domestic and fire sprinkler system, enter diameter of interior water distribution immediately after the meter or at the building control valve in inches x \$50	\$
b. <input type="checkbox"/> Interior Water Distribution system, no exterior Water Service	Diameter of interior water distribution immediately after the meter or at the building control valve in inches x \$50	\$
c. <input type="checkbox"/> Interior Water Distribution system within an addition or remodeled building, no exterior Water Service	GPM added or relocated See fee Table 2 in section 18 to convert GPM to a fee	\$
d. <input type="checkbox"/> Multiple exterior Water Services serving the single building, and the interior Water Distribution system	GPM See fee Table 2 in section 18 to convert GPM to a fee	\$
e. <input type="checkbox"/> Interior Water Distribution system with multiple services exiting the building, no exterior Water Services.	GPM See fee Table 2 in section 18 to convert GPM to a fee	\$
Water Fee Subtotal		\$

9. INTERCEPTORS		*No additional fee if submitted with Sanitary Drain and Vent	
Grease Interceptor(s)	*Number of Grease Interceptors	x \$85	\$
Garage Catch Basin(s)	*Number of Garage Catch Basins	x \$85	\$
Oil Interceptor(s)	*Number of Oil Interceptors	x \$85	\$
Car Wash Interceptor(s)	*Number of Car Wash Interceptors	x \$85	\$
Sanitary Dump Station(s)	*Number of Sanitary Dump Stations	x \$85	\$
Mixed Wastewater Holding Device(s)	*Number of Mixed Wastewater Holding Devices	x \$85	\$
Chemical System(s) (No Eyewash or emergency showers)	*Number of Chemical Systems	x \$85	\$
Interceptor Fee Subtotal			\$

10. CROSS CONNECTION CONTROL – List specific cross connection control devices in Section 16			
Cross Connection Control Assemblies in Health Care and Related Facilities.	Number of Cross Connection Control Assemblies	x \$170	\$
Cross Connection Control Assemblies in Non-Health Care and Non-Health Care-Related Facilities.	Number of Cross Connection Control Assemblies	x \$30	\$
Cross Connection Control Fee Subtotal			\$

11. SPECIFIC WATER TREATMENT			
Water treatment device addressing regulated contaminants* Water Treatment System for compliance to 382.70* Water Reuse System <input type="checkbox"/> Graywater/ Blackwater/Stormwater <input type="checkbox"/> Subsurface/surface Irrigation	SPS 302.04(1). Requires a plan review fee to be charged at a rate of \$80 per hour for each water treatment/reuse system plan review.		\$
	*SPS 302.04(2) An assessment fee for an inspection to be charged at a rate of \$80 per hour.		\$
Specific Water Treatment Fee Subtotal			\$

12. SITE SPECIFIC INFORMATION – Check and complete diameter information if included with this submittal.			
Site Specific Sanitary			
<input type="checkbox"/> Exterior Sanitary Building Sewer(s) only	Diameter of sanitary building sewer(s) in inches	x \$30	\$
<input type="checkbox"/> Submittal of Sanitary Private Interceptor Main Sewer Indicate the number of independent connections to the municipal sewer or POWTS _____	Sum of largest PIMS diameters in inches Compute for each independent system and total)	x \$30/inch	\$
Site Specific Water			
<input type="checkbox"/> Private Water Main Indicate the number of independent connections to the municipal water main or well pressure tank _____	Sum of water main diameters in inches (Compute for each independent system and total)	x \$30/inch	\$
<input type="checkbox"/> Exterior Water Service(s), no interior Water Distribution system	Diameter of exterior water service in inches	x \$30	\$
Site Specific Storm			
Total number of exterior fixtures such as storm drain inlets submitted with this application:			
Check all that apply: <input type="checkbox"/> Interior storm drain system without a clearwater drain system <input type="checkbox"/> Interior storm drain system with a clearwater drain system (If submitting interior storm only, use the roof area to determine drainage area for fees.) <input type="checkbox"/> Storm Building Sewer <input type="checkbox"/> Storm Private Interceptor Main Sewer <input type="checkbox"/> Storm Detention <input type="checkbox"/> Subsurface Infiltration (Bioinfiltration) Storm water and/or clear water for Public Building submitted with or without a storm piping system Storm systems that include infiltration require a separate plan submittal: Storm system Infiltration Volume (gal) _____	Drainage area served by the storm plumbing system is: (check one and enter corresponding information)		
	a. <input type="checkbox"/> Less than or equal to 1-acre drainage to the plumbing system with a single discharge point. _____ diameter at discharge point in inches x \$15/inch		\$
	b. <input type="checkbox"/> Less than or equal to 1-acre drainage to the plumbing system with multiple discharge points. Total GPM discharge. See Table 3 in Section 18 to convert GPM to fee0		\$
	c. <input type="checkbox"/> Greater than 1-acre drainage to the plumbing system. Acres: _____ See Table 4 in Section 18 to convert acres to a fee. NOTE: Maintenance plan submittal required.		\$
<input type="checkbox"/> Clearwater drain system without an interior storm drain system	\$15/inch diameter of each Clearwater drain system inches	x \$15/inch	\$
Site Specific Fee Subtotal			\$

13. Mobile/Manufactured Home Community and/or Campground/Recreational Vehicle Park				
<u>No. of Sites</u>	<u>Required Fee</u>	<u>No. of Sites</u>	<u>Required Fee</u>	
<input type="checkbox"/> 1 – 25 Sites	\$300	<input type="checkbox"/> 51 – 125 Sites	\$400	\$
<input type="checkbox"/> 26 – 50 Sites	\$350	<input type="checkbox"/> More than 125 Sites	\$500	\$
<u>Mobile/Manufactured Home Park and/or Campground/Recreational Vehicle Park submittal includes:</u>				
<input type="checkbox"/> Sanitary Dump Station <input type="checkbox"/> Exterior Water Service <input type="checkbox"/> Exterior Sanitary Sewer <input type="checkbox"/> Private Water Main <input type="checkbox"/> Sanitary Private Interceptor Main Sewer (For restrooms see Sections 7 and 8)				

14. OTHER FEES		
a. <input type="checkbox"/> Permission to Start	SPS 302.04(2) A fee for Permission to Start be charged at a rate of \$80 per hour (Minimum \$80.00)	\$
b. <input type="checkbox"/> Plan Approval Extension (1-year maximum)	\$120	\$
c. <input type="checkbox"/> Revision to previously approved plans (List Application Number(s) from the approval letter that are being revised)	\$85	\$
d. <input type="checkbox"/> Experimental Plumbing System	Number of Experimental Plumbing Systems _____ x \$1,000	\$
e. <input type="checkbox"/> Alternate Plumbing System	Number of Alternate Plumbing Systems _____ x \$800	\$
Other Fee Subtotal		\$

15. PLAN SUBMITTAL REQUIREMENTS – Plans received without sufficient information to review will cause delays and may be denied.

Provide two sets of plans and specifications in accordance with Wis. Admin. Code § SPS 382.20.

Plans and specifications shall include detailed information on types of materials and fixtures (minimum of five).

Plans shall be legible, pertinent to the plumbing installation, and include the following:

- a. Plot plan showing size and pitch of sanitary and/or storm sewer and water.
- b. Floor plan showing horizontal drains, water distribution lines, and all fixtures and equipment to be installed.
- c. 30/60 isometric diagrams of the drain, vent, water distribution, interior and exterior storm systems. Indicate water supply, drainage fixture units, and storm area drainage with gpm loads with each change in pipe diameter.
- d. Complete water calculations in accord with SPS 382.40 (7).
- e. Complete storm drain sizing calculations in accordance with SPS 382.36 (5).
- f. Remodeling or additions shall include existing loads.
- g. Water Quality Management Letter if required by SPS 382.20 (4) (b).
- h. For storm water plans, submit appropriate architectural roof drainage plans, site grade run off plans and contour lines showing what is drained to the plumbing system. Show all pipe sizes and discharge rates after every inlet. See storm checklist at: <https://dsps.wi.gov/Documents/Programs/Plumbing/SBD10884.pdf>
- i. For infiltration systems, submit Soil and Site Evaluation Form SBD-10793.
- j. All plans must be properly signed per SPS 382.20 (4)(c). Plans involving more than one sheet must be BOUND into sets.
- k. For water re-use submittals include information requested in the product approval.
- l. List fixture and plumbing appliance manufacturers, and model numbers.
- m. Cut sheets or shop drawings of all fixtures and health care appliances located within a health care facility
- n. Fixtures which require water or waste connections may need product approval.
- o. Complete sizing calculations for all grease interceptors.

NOTE - State plan review and approval are separate from local permits. Always check with the local municipality and county for their requirements. Per Wis. Admin. Code § SPS 382.20(6), one set of approved plans shall be kept at the construction site.

16. CROSS CONNECTION CONTROL (CCC) ASSEMBLY INFORMATION

Registering non-health care CCC Assemblies and reporting test results can be done online for a reduced fee at esla.wi.gov. All health care and health care related assemblies shown on the plan must be submitted for plan review with this submittal via eSLA. If the health care or related health care assembly is already registered prior to review of the plans and the end point use has not change, indicate the Application number below.

Check if serving health care and/or related facilities

Water Supply Source: Municipal Water System Other than Municipal

<u>Assembly Type*</u>	<u>Size</u>	<u>Mfg.</u>	<u>Model No.</u>	<u>Specific Location of Assembly</u>	<u>Assembly is Serving:</u>
EXAMPLE: RP	3/4	ACME	002MQT	Rm 219, no wall	Boiler

PVB (Pressure vacuum breaker)
 RP (Reduced pressure principle backflow preventer)
 RPD (Reduced pressure detector fire protection backflow preventer assembly)
 SVB (Spill resistant vacuum breaker)

Health care and related facility” means a hospital, nursing home, community-based residential facility, county home, infirmary, inpatient mental health center, inpatient hospice, ambulatory surgery center, adult daycare center, end stage renal facility, facility for the developmentally disabled, institute for mental disease, urgent care center, clinic or medical office, child caring institution, or school of medicine, surgery or dentistry.

17. ADDITIONAL INFORMATION

Delegated Municipalities

If your project is within a municipality that has been delegated by the Department to perform plumbing plan reviews, you must submit your plan review to the agent municipality. Some municipalities have also been delegated to perform plan reviews for infiltration systems. The current list of delegated municipalities can be found here: <https://dsps.wi.gov/Documents/Programs/Plumbing/AgentMunicipalities.pdf>

Additional Fees

Table 1
DRAINAGE FIXTURE UNIT (DFU)
FEE TABLE

DFU	Pipe Diameter	Fee
1	1 1/4	\$50
2-3	1 1/2	\$65
4-6	2	\$75
7-20	3	\$150
21-160	4	\$200
161-360	5	\$250
361-620	6	\$300
621-1400	8	\$400
1401-2500	10	\$500
2501-3900	12	\$600

Table 3
STORM GALLONS PER MINUTE
(GPM) FEE TABLES

GPM	Pipe Dia.	Fee
1-50	3	\$45
51-115	4	\$60
116-195	5	\$75
196-320	6	\$90
321-700	8	\$120
701-1300	10	\$150
1301-2200	12	\$180
2201-4050	15	\$225
4051-6700	18	\$270
6701-9880	21	\$315
9881-14700	24	\$360

Table 2
WATER DISTRIBUTION FEE TABLE

GPM	Fee
1 to 6	\$25.
7 to 12	\$35.
13 TO 21	\$50.
22 TO 31	\$60
32 TO 46	\$75.
47 TO 77	\$100
78 TO 119	\$125.
120 to 170	\$150.
171 to 298	\$175

Table 4
STORM AREA FEE TABLE

Acres (area drained to a plumbing system)	Fee
Greater than 1 to 5	\$350
Greater than 5 to 15	\$500
Greater than 15	\$600

Questions

Technical plumbing questions can be sent to DSPSSBPIbgTech@wisconsin.gov

General questions on submitting your plan review or using eSLA can be sent to eSLAsupport@wisconsin.gov.