



Scheduling Plumbing Plan Review and Checklist for General Plumbing Plan Review

Summary Sheet

Section 1. Electronic plan reviews can be submitted online at: ci.oshkosh.wi.us/InspectionServices/

This form shall be included in the "Additional Supporting Documentation" attachment of the online application.

Date of Application: _____	Plan ID #: DIS-_____
<i>Check all that are applicable:</i> Plan Type: <input type="checkbox"/> New <input type="checkbox"/> Permission to start <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Revision to Previously Approved plan where approved construction has not been completed <input type="checkbox"/> Extension to an approved plan	Complete set of plans and full payment are required at time of application submittal.
Requesting plan review for: (Please check the specific plumbing equipment below) Link to eSLA equipment definitions: eSLA Plumbing Equipment Definitions	

- | | | |
|---|--|---|
| <input type="checkbox"/> Building Drain & Vent, Sanitary*
<input type="checkbox"/> Building Drain & Vent, Storm*
<input type="checkbox"/> Building Sewer, Sanitary*
<input type="checkbox"/> Building Sewer, Storm*
<input type="checkbox"/> Campground/Recreational Vehicle Park Drainage System, Sanitary
<input type="checkbox"/> Campground/Recreational Vehicle Park Drainage System, Storm
<input type="checkbox"/> Campground/Recreational Vehicle Park Water Supply System
<input type="checkbox"/> Car Wash Interceptor
<input type="checkbox"/> Chemical Waste System
<input type="checkbox"/> Controlled Roof Drain Engineered System
<input type="checkbox"/> Drainage System, Storm
<input type="checkbox"/> Exterior Containment Tank
<input type="checkbox"/> Exterior Cross Connection Control Assembly, Health Care
<input type="checkbox"/> Exterior Grease Interceptor
<input type="checkbox"/> Exterior mixed wastewater treatment device
<input type="checkbox"/> Exterior Non-Potable Water System
<input type="checkbox"/> Exterior Oil Interceptor
<input type="checkbox"/> Exterior Potable Water Tank
<input type="checkbox"/> Exterior Wastewater Treatment Device, Storm
<input type="checkbox"/> Garage Catch Basin | <input type="checkbox"/> Interior Containment Tank
<input type="checkbox"/> Interior Cross Connection Control Assembly, Health Care
<input type="checkbox"/> Interior Grease Interceptor
<input type="checkbox"/> Interior Mixed Wastewater Treatment Device
<input type="checkbox"/> Interior Non-Potable Water System
<input type="checkbox"/> Interior Oil Interceptor
<input type="checkbox"/> Interior Potable Water Tank
<input type="checkbox"/> Interior Wastewater Treatment Device
<input type="checkbox"/> Manufactured Home Community Water Supply System
<input type="checkbox"/> Multipurpose Piping System
<input type="checkbox"/> Private Interceptor Main Sewer, Sanitary*
<input type="checkbox"/> Private Interceptor Main Sewer, Storm*
<input type="checkbox"/> Private Water Main*
<input type="checkbox"/> Provent Engineered System
<input type="checkbox"/> Pure Water System
<input type="checkbox"/> Regulated Contaminant Water Treatment – Arsenic
<input type="checkbox"/> Regulated Contaminant Water Treatment – Bacteria
<input type="checkbox"/> Regulated Contaminant Water Treatment – Nitrate | <input type="checkbox"/> Regulated Contaminant Water Treatment – Other
<input type="checkbox"/> Regulated Contaminant Water Treatment – Radium
<input type="checkbox"/> Sanitary Dump Station
<input type="checkbox"/> Siphonic Roof Drain Engineered System
<input type="checkbox"/> Solvent Engineered System
<input type="checkbox"/> Storm Detention System
<input type="checkbox"/> Storm Subsurface Infiltration Plumbing
<input type="checkbox"/> Water Distribution System*
<input type="checkbox"/> Water Reuse – Blackwater
<input type="checkbox"/> Water Reuse - Clearwater
<input type="checkbox"/> Water Reuse – Graywater
<input type="checkbox"/> Water Reuse – Stormwater
<input type="checkbox"/> Water Service*
<input type="checkbox"/> Water Treatment – .5 Chlorine
<input type="checkbox"/> Water Treatment – Chloramine
<input type="checkbox"/> Water Treatment – Chlorine Dioxide
<input type="checkbox"/> Water Treatment – Silver/Copper
<input type="checkbox"/> Water Treatment – Thermal
<input type="checkbox"/> Water Treatment – Ultrafiltration
<input type="checkbox"/> Water Treatment – Ultraviolet System
<input type="checkbox"/> Alternate Vacuum Waste System |
|---|--|---|

* Permission to Start is acceptable for this plumbing equipment only. See Section 3 for more information.

Section 2. PLAN SUBMITTAL REQUIREMENTS.

PLAN SUBMITTAL SHALL INCLUDE THE FOLLOWING IN ACCORDANCE WITH CODE SECTION SPS 382.20.

A complete set of plumbing plans and specifications. Incomplete submittals will be rejected. **Please check the boxes below to ensure your plan submittal is complete.**

Plans shall be legible and pertinent to only plumbing installations. Plans are required to be submitted in a single PDF. All supporting documents shall be provided under "submit additional documentation" (in the eSLA dashboard). Plan documents shall be submitted in the order of the following checklist:

1. Plan Index.
2. Plot/site plan showing size and pitch of sanitary sewer(s), storm sewer(s) and water service(s).
3. Exterior storm, 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. Refer to storm checklist at: <https://dsps.wi.gov/Documents/Programs/Plumbing/SBD10884.pdf>
4. Floor plan showing horizontal drains, water distribution lines, and all fixtures and equipment to be installed.
5. 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.

6. Complete water calculations in accord with SPS 382.40 (7). Links below for instructions and form.
<https://dsps.wi.gov/Documents/Programs/Plumbing/SBD6479Instructions.pdf>
<https://dsps.wi.gov/Documents/Programs/Plumbing/SBD6479.pdf>
7. Complete storm drain sizing calculations in accordance with SPS 382.36 (5).
8. Remodeling or additions shall include existing loads.
9. All plans must be properly signed per SPS 382.20 (4)(c).
10. For water re-use submittals include information requested in the product approval.
11. List fixture and plumbing appliance manufacturers, and model numbers.
12. Cut sheets or shop drawings of all fixtures and health care appliances located within a health care facility
 Provide product approval letters for each health care appliance - <https://esla.wi.gov/publiclookup>
13. Fixtures which require water or waste connections may need product approval.
14. Complete sizing calculations for all grease interceptors.
15. Identify specific materials for installations as listed in SPS 384
16. Summary sheet (**this form**).

Submitter acknowledges that the submittal is complete.

Submitter acknowledges that any additional information requested to complete review will be received by the Department within five (5) business days or the plan is subject to denial.

Applicant's Signature _____

Date _____

Section 3. OPTIONAL SERVICE-PERMISSION TO START

For additional information, see Alternate Approval at:

https://dsps.my.salesforce.com/sfc/p/#t0000000Laz5/a/8y000002Ct0n/aMClO5babl0ysuhGm0P3mRktlza4RB5xZiV_qYlj6N0

As specified within the Alternate Approval, a submittal of a complete set of plans are required to utilize the permission to start.

Scope of installations are limited to below grade only and a maximum of 18-inches above floor.

Plumbing equipment requested to the right must also be checked in Section 1.

Request is for the following specific plumbing equipment installations:

- Building Sewer, Sanitary;
- Private Interceptor Main Sewer, Sanitary;
- Private Interceptor Main Sewer, Storm;
- Building Sewer, Storm;
- Water Service;
- Private Water Main;
- Building Drain & Vent, Sanitary;
- Building Drain & Vent, Storm;
- Water Distribution System

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.

Building Owner's Signature: _____

Date: _____

Section 4. OPTIONAL SIZING OF WATER SUPPLY PIPING USING THE IAPMO WATER DEMAND CALCULATOR (WDC)

For additional information, see Alternate Approval at:

<https://dsps.my.salesforce.com/sfc/p/t0000000Laz5/a/8y000002uVGd/f8a3oPyx4QY45s2BQRnBMtpyNMO5xgZQR45Rf77BzmE>

As the building owner, I request to use the *IAMPO Water Demand Calculator v. 2.1* for sizing the water supply piping in accordance with s. SPS 382.40(7) outlined in the alternate approval. I understand this alternate standard provides a method for estimating the demand load for the building water supply and principal branches for one- and two-family dwellings as specified in s. SPS 320.02(1)(a), (ce), (cm), or (cs) Wis. Adm. Code and nonpublic multiple dwellings, as defined by s. SPS 381.01(155) and (162) Wis. Adm. Code, with water conserving plumbing fixtures, fixture fittings and appliances.

Water supply piping shall be sized and installed in strict accordance with *IAMPO Water Demand Calculator v. 2.1*, Chapters 381-386 Wis. Adm. Code and the alternate approval.

Building Owner's Signature: _____

Date: _____

*** Note *** Interior Cross Connection Control Assembly, Non-Health Care and Exterior Cross Connection Control Assembly, Non-Health Care Devices and Assemblies are no longer included in plumbing plan review submittals. These Devices and Assemblies are required to be registered and tested and submitted to the Department per SPS 382.21(8).