

INSPECTION REPORT FOR EXISTING PRIVATE ONSITE WASTEWATER TREATMENT SYSTEMS (POWTS)

This inspection report is for regulatory purposes only and is not to be used or construed as a guarantee of future system performance.

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|----------------------------|------------------|--|--|---------|--------------|
| PART I SITE INFORMATION | County | | Parcel # | | |
| | Property Owner | | Site Address | | |
| | Mailing Address | | Location ¼, ¼, S , T N, R E | | |
| | City, State, Zip | | Lot # | Block # | Subd. or CSM |
| | Telephone Number | | <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town | | |

| | | | | | |
|--------------------|--|-------------|---|--|--------------------|
| PART II HISTORY | Sanitary permit on file with County <input type="checkbox"/> Yes <input type="checkbox"/> No | | Building Type | | DWF gal/day |
| | Soil test on file with County <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> 1 or 2 family dwelling – number of bedrooms _____ <input type="checkbox"/> Public/Commercial – describe use _____ | | |
| | Sanitary Permit # | Date issued | Age of system (installation date or approximate age) | | |

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|--|--|----------|-----------------|--|--|--|--|
| PART III - TANKS | Tank #1 | | | | | Condition of Tank (Note any leaks, cracks or damage) | |
| | Manufacturer | | Capacity | | gal | | Condition of Baffles or filter (Note type and any missing or damage) |
| | <input type="checkbox"/> Septic <input type="checkbox"/> Holding <input type="checkbox"/> Other <input type="checkbox"/> Concrete <input type="checkbox"/> Steel <input type="checkbox"/> Other | | | | | | |
| | Setback Distance | Building | Well | Lot Line | Lake/Stream | Condition of Manholes (above or below grade, locking devices, note any damage) | |
| | | ft | ft | ft | ft | | |
| | Additional Comments | | | | | | |
| | | | | | | | |
| | Tank #2 | | | | | Condition of Tank (Note any leaks, cracks or damage) | |
| | Manufacturer | | Capacity | | gal | | Condition of Baffles or filter (Note type and any missing or damage) |
| | <input type="checkbox"/> Septic <input type="checkbox"/> Holding <input type="checkbox"/> Dose <input type="checkbox"/> Concrete <input type="checkbox"/> Steel <input type="checkbox"/> Other | | | | | | |
| Setback Distance | Building | Well | Lot Line | Lake/Stream | Condition of Manholes (above or below grade, locking devices, note any damage) | | |
| | ft | ft | ft | ft | | | |
| Additional Comments | | | | | | | |
| | | | | | | | |
| I certify that I have inspected the tank(s) and that to the best of my knowledge the information in Part III is correct. | | | | | | | |
| Print Name | | | | Credential Type | | | |
| | | | | <input type="checkbox"/> Master Plumber <input type="checkbox"/> Master Plumber Restricted <input type="checkbox"/> Pumper | | | |
| Signature | | | Inspection Date | Credential # | | | |

| | | | | | | | | | | | |
|--|-----------------------------------|-----------------------------------|--|------------------------------------|---|------------------------------|-----------------------------------|--|--------------------------------|--------------------------------|--|
| PART IV - SOIL ABSORPTION SYSTEM | Type | <input type="checkbox"/> At-Grade | | <input type="checkbox"/> In-Ground | | <input type="checkbox"/> Bed | <input type="checkbox"/> Trenches | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Mound | <input type="checkbox"/> Other | |
| | Number of cells | Cell length | | Cell Width | | Pit diameter | | Liquid depth in pit | | | |
| | | ft | | ft | | ft | | ft | | | |
| | Water in observation pipe | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Depth | in | | Evidence of Surface Discharge <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | Elevation of Infiltrative Surface | | | Benchmark Elevation | | | Benchmark Description | | | | |
| | | ft | | ft | | | | | | | |
| | Setback Distance from | Building | Well | Lot Line | Lake/Stream | | | | | | |
| | | ft | ft | ft | ft | | | | | | |
| | Additional Comments | | | | | | | | | | |
| | | | | | | | | | | | |
| I certify that I have inspected the soil absorption system and that to the best of my knowledge the information in Part IV is correct. | | | | | | | | | | | |
| Print Name | | | | | Credential Type | | | | | | |
| | | | | | <input type="checkbox"/> Master Plumber <input type="checkbox"/> Master Plumber Restricted <input type="checkbox"/> CST | | | | | | |
| Signature | | | | Inspection Date | Credential # | | | | | | |

Soil boring(s) are to be located adjacent to the soil absorption system (SAS) and must extend at least three (3) feet below the infiltrative surface. A minimum of one (1) soil boring must be evaluated for systems with no soil test report on file or when the County determines an existing test to be obsolete. Note, this is not a complete soil evaluation. This evaluation may not comply with the standards found in s. Comm 85.20(2), Wis. Adm. Code, and is not intended to be used to delineate a site within which a new or replacement SAS can be installed. This evaluation is only for the purpose of allowing the regulatory authority to determine if the existing SAS is located in code compliant soils.

| | | | | | | | |
|-----------------|----|------------------|----|------------------|----|---------------------|----|
| Limiting Factor | in | Ground elevation | ft | System elevation | ft | Benchmark elevation | ft |
|-----------------|----|------------------|----|------------------|----|---------------------|----|

Benchmark Description

PART V - SOIL PROFILE DESCRIPTION

| Horizon | Depth In. | Dominant Color Munsell | Redox Features Qty Sz Cont Color | Texture | Structure Gr Sz Shp | Cnsist | Bndry | Roots | GPD/ft ² | |
|---------|-----------|---------------------------|-------------------------------------|---------|------------------------|--------|-------|-------|---------------------|--------|
| | | | | | | | | | Eff #1 | Eff #2 |
| | | | | | | | | | | |
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Additional Comments

I certify that I have evaluated the soils adjacent to the existing SAS and that to the best of my knowledge the information in Part V is correct.

| | |
|------------|--|
| Print Name | Credential Type <input type="checkbox"/> Certified Soil Tester <input type="checkbox"/> Professional Soil Scientist |
| Signature | Evaluation Date Credential # |

Show locations of soil borings, soil absorption system, vent/observation pipes, tanks, buildings, wells, lot lines, and benchmark. Show all distances or draw to scale.

PART VI - PLOT PLAN

Scale _____