

**FOREST COUNTY
PRIVATE SEWAGE SYSTEM
CERTIFICATION FORM**

1. **Property**

Land Owner: _____

Mailing Address _____

Property Address: _____

Legal Description: Section _____ Town _____ N, Range _____ Town of _____

Tax Parcel # _____

2. **Building Use**

_____ Residential---Number of Bedrooms _____

_____ Commercial, Name of Business _____

3. **Has a Forest County Sanitary Permit been issued?**

Is there a permit on file at the County for this system? _____yes _____no. (If no stop here a soil boring is needed.

Type of system? _____

4. **Treatment Tanks:**

Tank Type: _____steel _____concrete _____ plastic

Is the tank less than 1/3 full of sludge and scum? _____yes _____no

Is there a filter in place? _____yes _____no was filter inspected and or cleaned _____yes _____no

Baffles, locks and chains in working order? _____yes _____no

Are alarms and pumps functioning properly _____yes _____no _____n/a

Was the system pumped at the time of inspection _____yes _____not needed

5. **Is the Private Sewage System:**

Surface Discharging? _____Yes _____No

Discharging to a ditch? _____Yes _____No

Discharging to a Wetland? _____Yes _____No

Backing up into the Structure? _____Yes _____No

Is the Tank Leaking? _____Yes _____No

Standing water in Vent? _____Yes _____NO

If yes please indicate depth in inches. _____

By signing below, I certify that ALL components of this system have been inspected.

Print Name of Person Inspecting

Date of Inspection

Signature of Person Inspecting

Credentials and License Number