FOREST COUNTY PRIVATE ONSITE WASTE TREATMENT SYSTEM EVALUATION

1. DOES STSTEM PASS 8. 145.245(4) CODE REQUIREME	NTS? (SEE #9)	YESNO	
2. PROPERTY INFORMATION			
Property Owner:Lega Property Address:Town Phone #:Tay	al Description:	1/4 1/	4
Property Address:	Sec.	NR	F
Mailing Address:Tow	n of		<u>_</u> _
Phone #:Tax	Parcel #		<u>-</u>
3. PURPOSE OF EVALUATION: (circle one) Reconnect System renovation or minor repair. Describe: Non-bedroom addition > 150 sq ft. Other:	Bedroom Addition	Property Tra	
4. BUILDING/DWELLING USE			
Residential,# of Bedrooms Public/Comm Code derived estimated daily flow gpd	nercial Use		_
5. SYSTEM TYPE			
Conventional Mound Holding Tank In ground pressure Pit privy Vault priv	At-Grade vy Other	Leaching Cha	ambers
6. PERMIT HISTORY			
Has a Forest County sanitary permit been previously issued? Original applicants name:	YES NO If yes, Pe Date issued	ermit #	
7. TREATMENT TANK/FILTER INFORMATION			
Treatment tank size gallons # of tanks	Tank pumped? YE	ES NO Pumi	oer
Manufacturer Date pump Concrete Steel Plastic Other Tank/ba Filter apparatus type: Manufactu Are all risers, locks, chains, and alarms installed and in good w	ed%	of solids in ta	nk
Filter apparatus type:	iffle condition		
Are all risers locks chains and alarms installed and in good w	irer:	110	
Distance from all weather service road to holding tank manhole	vorking order YES	NO	
	co		
B. DISPERSAL CELL INFORMATION			
Cell dimensions # of Cells Descriptions area descriptions are described area described are	Depth of cover I	by observation	pipe
otal dispersal areaDe	epth to system eleva	ition	
Dispersar area reduirea under current cone			
s water evident in observation pipe/vent? YES NO	The committee of the contract		
s water evident in observation pipe/vent? YES NO Setback distance to well: Lot Line Book Soil Boring May BE REQUIRED IN PROXIMITY OF TH	uilding	Surface water	18377
A SOIL BORING MAT BE REQUIRED IN PROXIMITY OF TH	E DISPERSAL COI	MPONENT. SI	EE #9
9. DETERMINATION OF A FAILING PRIVATE ONSITE WAS PER s. 145.245(4) WISCONSIN STATUTES A FAILING SYSTEM IS FOLLOWING CONDITIONS. PLEASE INDICATE WHICH APPLY	TE TREATMENT S ONE WHICH CAUSE	YSTEM S OR RESULTS	3 IN ANY OF THE
a) Discharge of sewage into surface water or groundwater	Yes No		
 b) Introduction of sewage into zones of saturation which adversely affects the operation of a private onsite waste treatment system 	Yes No		
c) Discharge of sewage to a drain tile or into zones of bedrock	Yes No Yes No		
 d) Discharge of sewage to the surface of the ground 	Yes No		
 e) Failure to accept sewage discharges and backup of the sewage into the structure served by the system 	Yes No		
10. Does the system meet all setback requirements from the well(s), structure(s), property lines, etc.? Yes No If no, expenses.			atment tanks to
The information on this evaluation reports observations made on loes not grant any warranty, expressed or implied.	the date of the eval	uation only. Th	is evaluation from
CST Name (print) Signature			
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DIAGRAM OF PROPERTY

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