

FOREST COUNTY PRIVATE ONSITE WASTE TREATMENT SYSTEM EVALUATION

1. DOES SYSTEM PASS s. 145.245(4) CODE REQUIREMENTS? (SEE #9) YES ___ NO ___

2. PROPERTY INFORMATION

Property Owner: _____ Legal Description: _____ 1/4 _____ 1/4
Property Address: _____ Sec. _____ T _____ N R _____ E
Mailing Address: _____ Town of _____
Phone #: _____ Tax Parcel # _____

3. PURPOSE OF EVALUATION: (circle one) Reconnect Bedroom Addition Property Transfer
System renovation or minor repair. Describe: _____
Non-bedroom addition > 150 sq ft. Other: _____

4. BUILDING/DWELLING USE

Residential, _____ # of Bedrooms Public/Commercial Use _____
Code derived estimated daily flow _____ gpd

5. SYSTEM TYPE

Conventional _____ Mound _____ Holding Tank _____ At-Grade _____ Leaching Chambers _____
In ground pressure _____ Pit privy _____ Vault privy _____ Other _____

6. PERMIT HISTORY

Has a Forest County sanitary permit been previously issued? YES NO If yes, Permit # _____
Original applicants name: _____ Date issued _____

7. TREATMENT TANK/FILTER INFORMATION

Treatment tank size _____ gallons # of tanks _____ Tank pumped? YES NO Pumper _____
Manufacturer _____ Date pumped _____ % of solids in tank _____
Concrete Steel Plastic Other _____ Tank/baffle condition _____
Filter apparatus type: _____ Manufacturer: _____
Are all risers, locks, chains, and alarms installed and in good working order YES NO _____
Distance from all weather service road to holding tank manholes: _____

8. DISPERSAL CELL INFORMATION

Cell dimensions _____ # of Cells _____ Depth of cover by observation pipe _____
Total dispersal area _____ Depth to system elevation _____
Dispersal area required under current code _____
Is water evident in observation pipe/vent? YES NO
Setback distance to well: _____ Lot Line _____ Building _____ Surface water _____

A SOIL BORING MAY BE REQUIRED IN PROXIMITY OF THE DISPERSAL COMPONENT. SEE #9

9. DETERMINATION OF A FAILING PRIVATE ONSITE WASTE TREATMENT SYSTEM

PER s. 145.245(4) WISCONSIN STATUTES A FAILING SYSTEM IS ONE WHICH CAUSES OR RESULTS IN ANY OF THE FOLLOWING CONDITIONS. PLEASE INDICATE WHICH APPLY

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
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 dispersal component and treatment tanks to well(s), structure(s), property lines, etc.? Yes No If no, explain _____

The information on this evaluation reports observations made on the date of the evaluation only. This evaluation from does not grant any warranty, expressed or implied.

Plumber or POWTS Inspector Name (print) _____
License # _____ Date _____ Signature _____

CST Name (print) _____ Signature _____
CST License # _____ Date _____ <<<<PROVIDE DRAWING ON BACK>>>>

Comments:

Show soil boring data or attach SBD-8330 form: Surf. Elev. _____ Depth to limiting factor _____

[illegible]