

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.

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

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			Evidence of Surface Discharge <input type="checkbox"/> Yes <input type="checkbox"/> No	
		in			
	Elevation of Infiltrative Surface		Benchmark Elevation		Benchmark Description
		ft	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 #	

PART V - SOIL PROFILE DESCRIPTION	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		Ground elevation		System elevation			Benchmark elevation			
	in		ft		ft			ft			
	Benchmark 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
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 #					

PART VI - PLOT PLAN	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.									
Scale _____										