

OCONTO COUNTY PRIVATE ONSITE WASTE TREATMENT SYSTEM EVALUATION

Revised 1/2010
Form 12-009

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 evaluation
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

Conv. System ___ Mound ___ Holding Tank ___ At-Grade ___ Leaching Chambers ___
In-ground Pressure ___ Privy (Pit or Vault) ___ Other _____

6. PERMIT HISTORY

Has an Oconto 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? Y Pumper _____ Date _____
Manufacturer: _____ N %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? Y N _____
Distance from all weather service road to holding tank manholes. _____
Water meter w/ remote reader in place for holding tank? Y N Type & Reading _____

8. DISPERSAL CELL INFORMATION

Cell dimensions _____ # of Cells _____ Depth of cover by observ. pipe _____
Total Dispersal area _____ Depth to system elevation _____
Dispersal area required under current code _____
Is water evident in observation/vent pipe? Yes _____ No _____
Setback distance to Well: _____ Lot line _____ Building _____ Surface water _____

A SOIL BORING IS 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 form 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>>>>

