INSPECTION REPORT FOR EXISTING
PRIVATE ONSITE WASTEWATER TREATEMENT 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		☐ City ☐ Village ☐ Town	

PART II HISTORY

Sanitary permit on file with County ☐ Yes ☐ No Soil test on file with County ☐ Yes ☐ No		Building Type ☐ 1 or 2 family dwelling – number of bedrooms _____ ☐ Public/Commercial – describe use _____	DWF gal/day
Sanitary Permit #	Date issued	Age of system (installation date or approximate age)	

PART III - TANKS

Tank #1

Manufacturer			Capacity	gal	Condition of Tank (Note any leaks, cracks or damage)
☐ Septic ☐ Holding ☐ Other ☐ Concrete ☐ Steel ☐ Other					Condition of Baffles or filter (Note type and any missing or damage)
Setback Distance	Building ft	Well ft	Lot Line ft	Lake/Stream ft	Condition of Manholes (above or below grade, locking devices, note any damage)
Additional Comments					

Tank #2

Manufacturer			Capacity	gal	Condition of Tank (Note any leaks, cracks or damage)
☐ Septic ☐ Holding ☐ Dose ☐ Concrete ☐ Steel ☐ Other					Condition of Baffles or filter (Note type and any missing or damage)
Setback Distance	Building ft	Well ft	Lot Line ft	Lake/Stream ft	Condition of Manholes (above or below grade, locking devices, note any damage)
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 ☐ Master Plumber ☐ Master Plumber Restricted ☐ Pumper
Signature	Inspection Date	Credential #

PART IV - SOIL ABSORPTION SYSTEM

Type ☐ At-Grade	☐ In-Ground ☐ Bed ☐ Trenches ☐ Seepage Pit			☐ Mound	☐ Other
Number of cells	Cell length ft	Cell Width ft	Pit diameter ft		Liquid depth in pit ft
Water in observation pipe ☐ Yes ☐ No Depth in			Evidence of Surface Discharge ☐ Yes ☐ No		
Elevation of Infiltrative Surface ft	Benchmark Elevation ft		Benchmark Description		
Setback Distance from	Building ft	Well ft	Lot Line ft	Lake/Stream 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 ☐ Master Plumber ☐ Master Plumber Restricted ☐ 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	in	Ground elevation	ft	System elevation	ft	Benchmark elevation	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	GPD/ft^2 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 ☐ Certified Soil Tester ☐ 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** _____