

EXISTING POWTS EVALUATION REPORT

Site Address _____
 Lot # _____ Subdivision/CSM _____
 _____ 1/4 _____ 1/4 Sec. _____ T _____ N _____ R _____ E/W
 City, Village, or Town of _____
 Pin #: _____

Current Owner: _____
 Mailing Address: _____

 Telephone #: _____

Reason for evaluation: •Reconnection •Transfer of Property •Change in Wastewater flows or loads

1. Structure Served: •1 or 2 family dwelling—Number of bedrooms _____
 •Public/Commercial—Describe _____ Design flow _____ gpd

2. Permit History: Was a sanitary permit previously issued for this system? •Yes •No
 If yes, County ID # _____ Date of installation, if known _____

3. Existing Tank(s): •Septic Tank •Holding Tank(s)
 Manufacturer: _____ Capacity: _____ gallons Number of tanks _____
 Material: •Steel •Concrete •Other: _____ Condition of tank & baffles: _____
 Are all filters, risers, covers, labels, locks, vents & alarms installed and in good working order? •Yes •No
 Explain: _____
 Tank(s) •Were pumped on (date) _____ by (pumper) _____
 •Did not require pumping because combined scum and sludge occupy <30% of tank volume.

4. Pump Chamber: •Not applicable
 Manufacturer: _____ Capacity: _____ gallons Number of tanks _____
 Material: •Steel •Concrete •Other: _____ Condition of tanks: _____
 Are all filters, risers, covers, labels, locks, vents & alarms installed and in good working order? •Yes •No
 Explain: _____

5. Soil Absorption Area: •In-Ground •At-Grade •Mound •Not applicable
 Was any wastewater or effluent discharging to, or ponding on, the ground surface? (Includes road ditch) •Yes •No
 Was effluent observed in the distribution cell? •Yes If YES, depth _____ •No
 Distribution cell size _____ Depth of Cell _____ System elevation (if known) _____

6. Comments (include any defects or non-compliance not described above):

I do hereby certify that the information contained on this report and accompanying documents is accurate and based on this evaluation, the existing private sewage system serving the structure at the above described location
 •IS •IS NOT a failing system, as defined in §145.245(4) Wisconsin Statutes (see reverse side)

_____ _____ _____
Print name Signature Date

_____ _____
Address License/Certification #

•POWTS Inspector •Master Plumber •Master Plumber-Restricted Service •Certified Septage Servicing Operator (tanks only)

The information on this Existing POWTS Evaluation Report is based upon observations made on the date of the evaluation only.
 This evaluation does not grant any warrant, expressed or implied.

Existing POWTS Evaluation Checklist	Reconnection Permit	Change in flow or load* (additions)
Existing POWTS Evaluation Report	X	X
Soil & Site Evaluation Report or Soil Boring <i>(if valid report not already on file)</i>	X	X
Complete Plot Plan	X	X
State Sanitary Permit Application—SBD 6398		X
County Sanitary Permit Application	X	
Holding Tank Servicing Contract (if change in owner & not already on file)	X	
Holding Tank Maintenance Agreement (if not already recorded w/ROD)	X	
Fee	\$150	\$50

*If beyond minimum or maximum capabilities of existing POWTS

§145.245(4), Wisconsin Statutes defines a FAILING PRIVATE SEWAGE SYSTEM as

“...one which causes or results in any of the following conditions:

- (a) The discharge of sewage into surface water or groundwater.
- (b) The introduction of sewage into zones of saturation which adversely affects the operation of a private on-site wastewater treatment system.
- (c) The discharge of sewage to a drain tile or into zones of bedrock.
- (d) The discharge of sewage to the surface of the ground.
- (e) The failure to accept sewage discharges and back up of sewage into the structure served by the private on-site wastewater treatment system.