



EXISTING POWTS EVALUATION



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

Current Owner: _____
 Mailing Address: _____

 Telephone # (10 digit): _____

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

1. **Structure Served:** 1 or 2 Family Dwelling – Number of Bedrooms _____
 Public/Commercial – Describe _____ Design flow _____ gpd
 Do all domestic wastes from the structure served enter this POWTS? Yes No If NO, explain (gray water diverted to surface, second POWTS exists, etc.): _____

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(s) Holding tank(s)
 Manufacturer: _____ Capacity: _____ gallons Number of tanks: _____
 Material: Steel Concrete Other _____ Tanks & baffles appeared to be in good condition?: Yes No
 Are all filters, risers, covers, labels, locks, vents & alarms installed and in good working order? Yes No _____
 Tank(s) Were pumped on _____ (date) by _____ (pumper) or;
 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 _____ Tanks appeared to be in good condition? Yes No
 Are all filters, risers, covers, labels, locks, vents & alarms installed and in good working order? Yes No _____

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 No If YES, depth _____
 Distribution Cell Size _____ Depth of Cell _____ System elevation (if known) _____

6. **Comments** (include any defects or non-compliances not described above): _____

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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 _____

License / Certification Number _____

Address _____

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.

Reviewed and Accepted By:

Marathon County CPZ Official Name & Title: Please Print

Marathon County CPZ Official Signature:

Date:

Existing POWTS Evaluation Checklist

The following documents are required to complete an Existing POWTS Evaluation Report:

1. Existing POWTS Evaluation Report Form
2. Complete Plot Plan (signed & dated)
3. Soil & Site Evaluation Report (SBD-8330)*
4. County Sanitary Permit Application*
5. Soil Verification Fee (\$100.00)*

*Items #3, 4 & 5 above are not required for –

Holding tanks; or

other types of POWTS, if a valid Soil & Site Evaluation Report (SBD-8330) is already on file with the Conservation, Planning & Zoning Department.

§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 sewage 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 sewage system.”