

**OCONTO COUNTY PRIVATE ONSITE WASTE TREATMENT SYSTEM EVALUATION**

Revised 5-2018

Form 12-009

1. DOES SYSTEM PASS s. 145.245(4) CODE REQUIREMENTS? (SEE #9)  YES  NO

2. PROPERTY INFORMATION

Property Owner: \_\_\_\_\_  
Property Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Legal Description: \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4  
Sec. \_\_\_\_\_ T \_\_\_\_\_ N, R \_\_\_\_\_ E  
Town of \_\_\_\_\_  
Tax Parcel # \_\_\_\_\_

3. PURPOSE OF EVALUATION: (check 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 (check all that apply)

Conventional  Mound  Holding Tank  At-Grade  Leaching Chambers  
 In-ground Pressure  Privy (Pit or Vault)  Pretreatment: \_\_\_\_\_  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 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 in place?  Yes  No Manufacturer \_\_\_\_\_ Filter Cleaned?  Yes  No  
Are all risers, locks, chains, and alarms in place and in good working order?  Yes  No \_\_\_\_\_  
Alarm location:  Tank Ped  Home (describe location): \_\_\_\_\_  
Distance from all weather service road to tank manholes. \_\_\_\_\_

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 or water stains evident in observation/vent pipe?  No  Yes Describe: \_\_\_\_\_  
Setback distance to Well: \_\_\_\_\_ Lot line \_\_\_\_\_ Building \_\_\_\_\_ Surface water/Pond \_\_\_\_\_

**A SOIL BORING IS REQUIRED IN PROXIMITY OF THE DISPERAL 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 \_\_\_\_\_

Additional Comments: \_\_\_\_\_

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 PAGE 2 >>>>

