

MARINETTE COUNTY PRIVATE ONSITE WASTE TREATMENT SYSTEM EVALUATION

Revised 2/08

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: (Check One) Reconnect Bedroom Addition > 25% living space
 Transfer of Property Insp. Other _____

4. BUILDING/DWELLING USE

Residential, _____ # of Bedrooms Public/Commercial Use _____
Code derived estimated daily flow _____ gpd

5. SYSTEM TYPE

In-ground Non-Pressurized___ Mound___ Holding Tank___ At-Grade___
In-ground Pressurized_____ Privy (Pit or Vault)_____ Other _____

6. PERMIT HISTORY

Has an Marinette County Sanitary Permit been previously issued? Yes No If yes, Permit # _____
Name Permit was Issued Under: _____ 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 effluent evident in observation/vent pipe? Yes _____ No _____
Setback distance to Well: _____ Lot line _____ Building _____ Surface water _____

A Soil Boring is required in close proximity to the existing dispersal cell to determine whether failure exists.

9. DETERMINATION OF A FAILING PRIVATE ONSITE WASTE TREATMENT SYSTEM

AS PER s.145.245(4) WISCONSIN STATUTES A FAILING SYSTEM IS ONE WHICH CAUSES OR RESULTS IN ANY OF THE FOLLOWING CONDITIONS. PLEASE ANSWER THE QUESTIONS BELOW:

- 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 & SOIL BORING INFORMATION ON BACK>>>>

