

EXISTING POWTS EVALUATION REPORT
TAYLOR COUNTY

DEPARTMENT USE ONLY

Date: _____

No.: _____

Reason for evaluation: Reconnect Real Estate Transfer/Division Alteration of Structure

Current Owner: _____ Mailing Address: _____ Telephone: _____	Site Address: _____ PIN#: _____ ____ ¼, ____ ¼, Sec, _____ T _____ N, R _____ E/ W Is there a sanitary permit issued for this system? <input type="checkbox"/> No <input type="checkbox"/> *Yes: Permit # _____ *Check with department to verify evaluation is required*
Potential Buyer: _____ Telephone: _____	

ALL TANKS MUST BE PUMPED FOR INSPECTION

Structure(s) Served: 1 or 2 Family Dwelling – Number of Bedrooms: _____

Commercial –Description: _____ Design Flow: _____ gpd

Do all domestic wastes from the structure served enter this POWTS? Yes No (If no, explain what/where/how water is diverted): _____

Existing Tank(s): Septic Tank Pump Chamber Holding Tank No. of Tanks _____

Manufacturer: _____ Concrete Steel Other: _____

Capacity of Each Tank: _____ Condition of the Tank: Excellent (No cracks in tank)

Fair (Signs of wear)

Are filters, risers, covers, labels, locks, vents, pumps and alarms Poor (Holes, Cracks)

in good working order? Yes No

Comments on Tank: _____

Soil Absorption Area: In-Ground At-Grade Mound Not Applicable

Is there any wastewater or effluent discharging to or ponding on the ground surface or to water surface? Yes No Is a Soil Evaluation Report required per 32.12(1) (a)? Yes No

Was effluent observed in the distribution cell? No Yes - If yes, depth: _____

Distribution Cell Size: _____ Depth of Cell: _____ System Elev.: _____

Comments on Soil Absorption Area: _____

Holding Tanks:

What is the pumping history on this site in the last 3 years (check with the Zoning Dept. for amounts)?

20____: _____ Gal., 20____: _____ Gal., 20____: _____ Gal.

If gallons reported are deemed insufficient to the department and diverted water is not known, excavation on tank outlet may be required to verify tank modifications.

Additional Comments/Recommendations: _____

Wisconsin Statutes defines a FAILING PRIVATE SEWAGE SYSTEM as, “one which causes or results in any of the following conditions”: Indicate which may apply:

- (a) The discharge of sewage into surface or groundwater Yes No
- (b) The introduction of sewage into zones of saturation which adversely affects the operation of a private sewage system Yes No
- (c) The discharge of sewage to drain tile or into zones of bedrock Yes No
- (d) The discharge of sewage to the surface of the ground Yes No
- (e) The failure to accept sewage discharges and back up of sewage into the structure served by the private sewage system Yes No

I do hereby certify that the information submitted in this report and accompanying documents is accurate, and based on this evaluation on the existing private sewage system serving the structure at the described location IS IS NOT a failing system, as defined in Wisconsin State Statute 145.245(4).

Signature of Inspector Date License/Certification Number

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

A completed Existing POWTS Evaluation Report should include the following:

- Existing POWTS Evaluation Report Form
- Plot Plan (That includes relative elevations, benchmark, measured setbacks, roads, etc.)
- Soil Evaluation Report

Per Taylor County Code 32.11 (1) (a) Existing POWTS Evaluation Reports may not require a Soil Evaluation Report if:

- (1) An adequate Soil Evaluation Report is on file and approved by the Department within the last 10 years.
- (2) The Existing POWTS is a holding tank with a record of pumping activity.

The Department may accept Soil Evaluation Reports on a case by case basis.

The Department will waive the evaluation of an Existing POWTS if records confirm any of the following:

- System was installed less than 5 years prior to transfer and maintenance has been completed,
- Valid permit exists to replace existing system,
- Existing POWTS Evaluation Report was accepted less than 5 years prior and maintenance has been completed,
- Documentation that a public sewer will be available to serve the structure within 1 year.

I verified with _____ from the Zoning Department on _____ that an Existing POWTS Evaluation Report will not be required. _____
Employee Date
Signature/Date