

EXISTING FAILING POWTS EVALUATION REPORT TAYLOR COUNTY

DEPARTMENT USE ONLY

Date: _____

No.: _____

This report can be filled out by the seller and buyer of the property being sold to meet the requirements from Chapter 32.11 Taylor County Code. It will be the responsibility of the buyer to fulfill the requirements from the Zoning Department in installing the new sanitary system.

Seller: _____
Mailing Address: _____

Telephone: _____

Site Address: _____

PIN#: _____
____ ¼, ____ ¼, Sec, _____ T _____ N, R _____ E/ W
Is there a sanitary permit issued for this system?
 No Yes: Permit # _____

Buyer: _____
Mailing Address: _____

Telephone: _____

Provide a plot plan showing existing system location relative to served structure, roads, property lines and other outbuildings.

Wisconsin Statutes defines a FAILING PRIVATE SEWAGE SYSTEM as, "one which causes or results in any of the following conditions": Indicate all that 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

Seller Signature: _____

Date: _____

*Buyer's Notarized Signature: _____

Date: _____

Buyer's Name Print: _____

Notary Public Signature: _____

Notary Name Print: _____

Subscribed and sworn to before me on this date: _____

Commission Expires on: _____