

EXISTING POWTS EVALUATION REPORT - LINCOLN COUNTY

Town _____

Subdiv. _____

Block _____

Lot _____

E _____

N, R _____

T _____

1/4 _____

1/4 _____

Tax Parcel # _____

First Name _____

GL _____

acres) _____

Last Name _____

Property Desc _____

Owner _____

Current Owner: _____
 Mailing Address: _____

 Site Address: _____
 Telephone # (10 digit): _____

Reason for evaluation:

Reconnection

Transfer of Property* (* not required at this time in Lincoln Co.)

Change in Wastewater flows or loads

Short Term Rental

- 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): _____
- Permit History:** Was a sanitary permit previously issued for this system? Yes No
 If YES, County ID # _____ Date of installation, if known _____
- Existing Tank(s):** Septic Tank(s) Holding tank(s)
 Manufacturer & Capacity: _____ Number of tanks: _____
 Material: Steel Concrete Other _____ Condition of tanks & baffles: _____
 Are all filters, risers, covers, labels, locks, vents & alarms installed and in good working order? Yes No
 If "NO" explain: _____
 Tank(s) Were pumped on _____ (date) by _____ (pumper)
 Did not require pumping because combined scum and sludge occupy <30% of tank volume.
- Pump Chamber:** Not applicable
 Manufacturer & Capacity: _____ Number of tanks: _____
 Material: Steel Concrete Other _____
 Condition of tanks & baffles: _____
 Are all filters, risers, covers, labels, locks, vents & alarms installed and in good working order? Yes No
 If "No" explain: _____
- 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) _____
** Soil boring required verifying the soils 3' below the system elevation, unless already on file. Please submit results with system evaluation form - No review fee required for a single boring. \$50 review fee required if a full soil test is submitted.*
- Setbacks.** Do existing tanks & soil absorption area meet all the proper setbacks? Yes No
 If "No" describe: _____
- Comments** (include any defects or non-compliances not described above): _____

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).

 Printed Name Signature Date

 Address License / Certification Number

POWTS Inspector Certified Septage Servicing Operator Master Plumber Master Plumber-Restricted Service

The information on this POWTS Evaluation Report is based upon observations made on the date of the evaluation only. This evaluation does not in any way guarantee or warrantee the continued operation of the system described herein.

§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.”

Please provide a plot plan sketch of the subject parcel/system/structures/roads.

North

