

COLUMBIA COUNTY

PRIVATE ONSITE WASTE TREATMENT SYSTEM EVALUATION

September 2012

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: (circle 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

Conv. System ___ Mound ___ Holding Tank ___ At-Grade ___ Leaching Chambers ___

In-ground Pressure ___ Privy (Pit or Vault) ___ Other _____

6. PERMIT HISTORY

Has a Columbia County Sanitary Permit been previously issued? Yes No If yes, Permit # _____

Original applicants name: _____ Date Issued _____

7. TREATMENT TANK/FILTER INFORMATION

Treatment tank size _____ gallons # of Tanks _____ Tank Pumped? Yes Pumper _____ Date _____

Manufacturer: _____ %of solids in tank _____

Concrete Steel Plastic Other _____ Tank / Baffle Condition _____

Filter Apparatus Type: _____ Manufacturer _____

Are all risers, locks, chains, warning label and alarms installed and in good working order? Yes No _____

Distance from all weather service road to holding 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 evident in observation/vent pipe? Yes ___ No _____

Setback distance to Well: _____ Lot line _____ Building _____ Surface water _____

A SOIL BORING IS REQUIRED IN PROXIMITY OF THE DISPERSAL COMPONENT IF SYSTEM INSTALLED PRIOR 1994.

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 _____

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 BACK>>>>

