DOOR COUNTY PRIVATE ONSITE WASTE TREATMENT SYSTEM EVALUATION

PROPERTY INFORMATION

Property Owner:_____ Legal Description:_____1/4,_____1/4

Property Location:_____ Sec._____, T_____N, R_____E

Mailing Address:_____ Town of_____

_____ Tax Parcel #_____

PURPOSE OF EVALUATION: (Check one) ☐ Transfer/Change in Property Interest ☐ Reconnect

☐ Bedroom Addition ☐ Other:_____

BUILDING/DWELLING USE

☐ Residential If so, # of Bedrooms:_____ ☐ Public/Commercial Use_____

SYSTEM TYPE

☐ In-ground Non-Pressurized ☐ Mound ☐ Holding Tank ☐ At-Grade

☐ In-ground Pressurized ☐ Other:_____

PERMIT HISTORY

Has a Door County Sanitary Permit been previously issued? Yes ___ No ___

Age estimate: _____ years

TREATMENT TANK/FILTER INFORMATION

Treatment tank size: _____ gallons Number of Tanks_____ Manufacturer:_____

Pump tank/Holding tank size: _____ gallons. Material: ☐ Concrete ☐ Plastic ☐ Other: _____

Tank Pumped? Yes___ No___ Pumper_____ Date_____ MM/DD/YYYY

Tank/Baffle Condition_____ Filter apparatus type:_____

Are all risers, locks, chains and alarms installed and in good working order? Yes___ No___ _____

Distance from all weather service road to holding tank manholes_____

Water meter w/remote reader in place for holding tank? Yes ___ No ___ _____

DISPERSAL CELL INFORMATION

Total dispersal cell area_____ Depth to system elevation_____

Is effluent evident in observation/vent pipe? Yes ___ No ___ If yes, depth/inches:_____

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 (prior to November 1, 1974)

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 sewage into the structure served by the system Yes___ No___

Does the system meet all setback requirements from the dispersal component and treatment tanks to the 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 report and interpretation does not warrant the existing and/or future working condition of the subject system.

Plumber/ POWTS Inspector/CST Name (print)_____

Wisconsin License#_____

Signature_____

Date_____ MM/DD/YYYY

>>>>>>>>>>PROVIDE DRAWING & SOIL BORING INFORMATION ON NEXT PAGE>>>>>>>>>

DIAGRAM OF PROPERTY

Show locations/setbacks to buildings, tanks, dispersal cells, well, neighboring wells, soil borings, etc.

Comments:_____

_____

_____

Horizon	Depth Inches	Dominant color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	Eff #1	Eff #2

Comments by county inspector:_____

_____

_____

_____

County Inspector:_____ Date:_____

(2011) (Send completed form to: Door County Sanitarian, 421 Nebraska Street, Sturgeon Bay WI 54235)