



EXISTING POWTS EVALUATION

Site Address: _____
 Lot # _____ Subdivision/CSM _____
 _____ 1/4 _____ 1/4 Sec. _____ T _____ N R _____ E
 City, Village, or Town of _____
 Parcel #: _____

Current Owner: _____
 Mailing Address: _____

 Telephone # (10 digit): _____

Reason for evaluation: Reconnection Transfer of Property Change in Wastewater flows or loads Other

1 **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.): _____

2 **Permit History:** Was a sanitary permit previously issued for this system? Yes No
 If YES, County ID # _____ Date of installation, if known _____

3 **Existing Tank(s):** Septic Tank(s) Holding tank(s)
 Manufacturer: _____ Capacity: _____ gallons Number of tanks: _____
 Material: Steel Concrete Other _____ Tanks & baffles appeared to be in good condition? Yes No
 Are all filters, risers, covers, labels, locks, vents & alarms installed and in good working order? Yes No _____
 Tank(s) Were pumped on _____ (date) by _____ (pumper) or;
 Did not require pumping because combined scum and sludge occupy <30% of tank volume.

4 **Pump Chamber:** Not applicable
 Manufacturer: _____ Capacity: _____ gallons Number of tanks: _____
 Material: Steel Concrete Other _____ Tanks appeared to be in good condition? Yes No
 Are all filters, risers, covers, labels, locks, vents & alarms installed and in good working order? Yes No _____

5 **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) _____

6 **Comments** (include any defects or non-compliances not described above): _____

Continue to page 2

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 NOT a failing system

IS a failing system, as defined in §145.245(4) Wisconsin Statutes (indicate below).

Print name

Signature

Date

Address

License / Certification Number

POWTS Inspector

Master Plumber

Master Plumber-Restricted Service

POWTS Maintainer

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

§145.245(4), Wisconsin Statutes defines a FAILING PRIVATE SEWAGE SYSTEM as

“...one which causes or results in any of the following conditions:

- The discharge of sewage into surface water or groundwater.
- The introduction of sewage into zones of saturation which adversely affects the operation of a private sewage system.
- The discharge of sewage to a drain tile or into zones of bedrock.
- The discharge of sewage to the surface of the ground.
- The failure to accept sewage discharges and back up of sewage into the structure served by the private sewage system.”

Existing POWTS Evaluation Checklist

The following documents are required to complete an Existing POWTS Evaluation Report:

1. Existing POWTS Evaluation Report Form
2. Complete Plot Plan (signed & dated)
3. Soil & Site Evaluation Report (SBD-8330) (\$50 fee) *
4. County Sanitary Permit Application*

*Items #3, 4 above are not required for –

Holding tanks; or

other types of POWTS, if a valid Soil & Site Evaluation Report (SBD-8330) is already on file with the Land Records and Regulations Dept.

FOR COUNTY USE ONLY:

Reviewed By:

Langlade County Official Name & Title: Please Print

Date:

PASSED / FAILED

Comments:

LANGLADE COUNTY LAND RECORDS AND REGULATIONS DEPARTMENT

Resource Center 837 Clermont St

Antigo WI 54409

Phone 715-627-6206