

WALWORTH COUNTY INSPECTION REPORT FOR EXISTING PRIVATE ONSITE WASTEWATER TREATMENT SYSTEMS (POWTS)

This inspection report is for regulatory purposes only and is not to be used or construed as a guarantee of future system performance.

Part I Site Information	County		Tax Parcel #		
	Property Owner		Site Address		
	Mailing Address		Location ¼, ¼, S, T, N, R, E		
	City, State, Zip	Lot #	Block #	Subd. or CSM	
	Telephone Number		<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		

Part II History	Sanitary permit on file with County <input type="checkbox"/> Yes <input type="checkbox"/> No		Building Type		DWF gal/day
	Soil Test on file with County <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1 or 2 Family dwelling – Number of bedrooms _____		
Sanitary Permit #		Date issued		Age of system (installation date or approximate age)	

Part III – Tanks	Tank #1					Condition of Tank (Note any leaks, cracks or damage)
	Manufacturer		Capacity			
	<input type="checkbox"/> Septic <input type="checkbox"/> Holding <input type="checkbox"/> Dose <input type="checkbox"/> Concrete <input type="checkbox"/> Steel <input type="checkbox"/> Other					Condition of Baffles or Filter (Note type and any missing or damage)
	Setback Distance	Building	Well	Lot Line	Lake/Stream	
		ft	ft	ft	ft	Condition of Manholes (Above or below grade, locking devices, note any damage)
	Additional Comments					
	Tank #2					Condition of Tank (Note any leaks, cracks or damage)
	Manufacturer		Capacity			
	<input type="checkbox"/> Septic <input type="checkbox"/> Holding <input type="checkbox"/> Dose <input type="checkbox"/> Concrete <input type="checkbox"/> Steel <input type="checkbox"/> Other					Conditions of Baffles or Filter (Note type and any missing or damage)
	Setback Distance	Building	Well	Lot Line	Lake/Stream	
	ft	ft	ft	ft	Conditions of Manholes (Above and below grade, locking devices, note any damage)	
Additional Comments						
I certify that I have inspected the tank(s) and that to the best of my knowledge the information in Part III is correct.						
Print Name				Credential Type		
Signature				<input type="checkbox"/> Master Plumber <input type="checkbox"/> Master Plumber Restricted <input type="checkbox"/> Pumper <input type="checkbox"/> POWTS Inspector		
				Inspection Date		Credential #

Part IV – Soil Absorption System	Type	<input type="checkbox"/> At-Grade			<input type="checkbox"/> Non-Pressurized In-Ground <input type="checkbox"/> Pressurized In-Ground			<input type="checkbox"/> Mound		<input type="checkbox"/> Other		
	Number of Cells		Cell Length ft		Cell Width ft		Pit Diameter ft		Liquid Depth in Pit ft			
	Water in Observation Pipe(s) <input type="checkbox"/> Yes <input type="checkbox"/> No				Depth in		Evidence of Surface Discharge <input type="checkbox"/> Yes <input type="checkbox"/> No					
	Elevation of Infiltrative Surface ft		Benchmark Elevation ft					Benchmark Description				
	Setback Distance from		Building ft	Well ft	Lot Line ft		Lake/Stream ft					
	Additional Comments											
	Max. Occupancy of Structure Based on Size of Existing Private Sewage System											
	I certify that I have inspected the soil absorption system and that to the best of my knowledge the information in Part IV is correct.											
	Print Name						Credential Type <input type="checkbox"/> Master Plumber <input type="checkbox"/> Master Plumber Restricted <input type="checkbox"/> POWTS Inspector					
	Signature				Inspection Date		Credential #					

Part V – Soil Profile Description	Soil boring(s) are to be located adjacent to the soil absorption system (SAS) and must extend at least three (3) feet below the infiltrative surface. A minimum of one (1) soil boring must be evaluated for systems with no soil test report on file or when the County determines an existing test to be obsolete. Note, this is not a complete soil evaluation. This evaluation may not comply with the standards found in s. SPS 385, Wis. Adm. Code, and is not intended to be used to delineate a site within which a new or replacement SAS can be installed. This evaluation is only for the purpose of allowing the regulatory authority to determine if the existing SAS is located in code compliant soils. This evaluation must be on-sited by Walworth County. Certified Soil Tester may use Soil Evaluation Report form SBD-8330(R4/15)										
	Limiting Factor in		Ground Elevation ft			System Elevation ft			Benchmark Elevation ft		
	Benchmark Description										
	Horizon	Depth in.	Dominant Color Munsell	Redox Features Qty Sz Cont Color	Texture	Structure Gr Sz Shp	Consist	Bndry	Roots	GPD/ft ² Eff #1 Eff#2	
	Additional Comments										
I certify that I have evaluated the soils adjacent to the existing SAS and that to the best of my knowledge the information in Part V is correct.											
Print Name						Credential Type <input type="checkbox"/> Certified Soil Tester <input type="checkbox"/> Professional Soil Scientist					
Signature				Evaluation Date		Credential #					

Show locations of soil borings, soil absorption system, vent/observation pipes, tanks, buildings (existing and proposed), wells, lot lines, and benchmark. **Draw a site plan to scale.**

Part VI – Plot Plan



Scale _____