



Existing POWTS Evaluation Report Form

for county use

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

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| 1. Existing POWTS Evaluation Report Form (R.03/22) | } Required for all POWTS |
| 2. Complete Plot Plan (signed & dated) | |
| 3. Soil & Site Evaluation Report (SBD-8330) | } Required for all POWTS without a valid Soil & Site Evaluation Report (SBD-8330) on file with the Marathon County Conservation, Planning & Zoning Department, <i>except</i> holding tanks. |
| 4. County Sanitary Permit Application | |
| 5. Soil Verification Fee (\$100.00) | |

Purpose of evaluation: Reconnection Transfer of property Change in wastewater flows or loads Other

Site address: _____
 _____ ¼ _____ ¼ Sec. _____ T _____ N R _____ E Lot #: _____
 City - Village - Town of: _____
 Subdivision/CSM: _____
 Parcel ID: _____

Current Owner: _____
Mailing Address: _____

Telephone: _____

Evaluation complete all fields

PERMIT HISTORY

Was a sanitary permit previously issued for this POWTS?	<input type="checkbox"/> Yes County ID: _____ – SAN – _____ Date issued: ____ / ____ / ____ <input type="checkbox"/> No
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STRUCTURE SERVED

Type of property:	<input type="checkbox"/> 1 or 2 family dwelling Number of bedrooms: _____ <input type="checkbox"/> Public/commercial Description: _____ DWF: _____ gpd
Do all domestic wastes from the structure enter this POWTS?	<input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: _____ <small>e.g. gray water diverted to surface, other POWTS serving structure, etc.</small>

EXISTING TANK(S)

Existing tank(s):	<input type="checkbox"/> Septic tank(s) <i>including septic/pump combo</i> <input type="checkbox"/> Holding tank(s) <input type="checkbox"/> Pump chamber <i>not including septic/pump combo</i>
Manufacturer:	_____ Number: _____ Total capacity: _____ gal
Material:	<input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other: _____
Cracks or holes in tank?:	<input type="checkbox"/> Yes <input type="checkbox"/> No <div style="border: 1px solid black; height: 100px; width: 100%; margin-top: 5px;">for county use</div>
Locks:	<input type="checkbox"/> Functional <input type="checkbox"/> Not functional
Covers:	<input type="checkbox"/> Functional <input type="checkbox"/> Not functional
Baffles:	<input type="checkbox"/> Functional <input type="checkbox"/> Not functional
Filters:	<input type="checkbox"/> Functional <input type="checkbox"/> Not functional <input type="checkbox"/> N/A
Alarms:	<input type="checkbox"/> Functional <input type="checkbox"/> Not functional
Tank(s) last pumped:	Date: ____ / ____ / ____ Pumper: _____ <input type="checkbox"/> No pumping on record

Evaluation complete all fields

SOIL ABSORPTION AREA

Type of soil absorption area:	<input type="checkbox"/> In-ground <input type="checkbox"/> At-grade <input type="checkbox"/> Mound <input type="checkbox"/> Not applicable
Effluent observed in the distribution cell?	<input type="checkbox"/> Yes Depth: _____ <input type="checkbox"/> No
Distribution cell size:	_____
Distribution cell depth:	_____
System elevation (if known):	_____
Was any wastewater or effluent discharging to, or ponding on, the ground surface? <i>(includes road ditch)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

SURFACE DISCHARGE

Evaluator Comments:

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 *(defined below)*

Print name _____ Signature _____ Date _____

Address _____ License / Certification Number _____

Master Plumber Master Plumber-R.S. Journeyman Plumber Journeyman Plumber-R.S.
 POWTS Inspector Registered POWTS Maintainer Certified Septage Servicing Operator *(tanks only)*

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)m, 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 that adversely affects the operation of a private on-site wastewater treatment 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 on-site wastewater treatment system.”

Reviewed and accepted by: <i>for county use</i>	
Marathon County CPZ Name & Title:	
Marathon County CPZ Signature:	Date: