

CALUMET COUNTY POWTS EVALUATION REPORT

IS THE SYSTEM FAILING BASED ON 145.245(4) No Yes
ARE REPAIRS NECESSARY? No Yes

PROPERTY INFORMATION

Owners Name: _____	TAX ID # _____
Property Address: _____	
Mailing Address: _____	Phone # _____
Legal Description: _____ 1/4 , _____ 1/4, or Gov Lot _____, Sec. _____, T _____ N, R _____ E	
City / Town / Village of: _____	
Lot # _____	Block # _____ CSM # _____ Subdivision: _____

SYSTEM INFORMATION

Is there a sanitary permit on file with the County?	No <input type="checkbox"/> * Yes <input type="checkbox"/>	State Permit # _____	<input type="checkbox"/> n/a
Is there a valid soil test on file with the County?	No <input type="checkbox"/> ** Yes <input type="checkbox"/>	County Permit # _____	<input type="checkbox"/> n/a
If no sanitary permit exists a saturation test is required		**If a valid soil test does not exist a soil evaluation is required**	
Type of structure:	<input type="checkbox"/> 1 or 2 Family Dwelling - number of bedrooms _____		
	<input type="checkbox"/> Public / Commercial - Describe use _____	DWF _____	gpd
Date of installation:	_____ (if known)	or Estimated age:	_____ (years)
Was structure occupied?	No <input type="checkbox"/> Yes <input type="checkbox"/>	Number of occupants?	_____
Time vacant:	_____ (months)	Did snow cover exist?	No <input type="checkbox"/> Yes <input type="checkbox"/>

TANK INFORMATION

Type of Tank & Capacity:	<input type="checkbox"/> Septic: _____ gal	<input type="checkbox"/> Dose: _____ gal	<input type="checkbox"/> Holding: _____ gal	
Date Pumped:	_____	Pumper Name:	_____	
Tank Material:	<input type="checkbox"/> Concrete	<input type="checkbox"/> Steel	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Other _____
Condition of Tank:	_____		(note any leaks, cracks or damage)	
Condition of Baffle(s):	_____		(note type, any missing or damage)	
Condition of Manhole(s):	_____		(above or below grade, any damage)	
Condition of Chains, Locks & Warning labels:	_____		(present or missing, any damage)	
Is tank equipped with an alarm system?	No <input type="checkbox"/> Yes <input type="checkbox"/>	Is alarm operational?	No <input type="checkbox"/> Yes <input type="checkbox"/> n/a <input type="checkbox"/>	
Is tank equipped with an effluent filter?	No <input type="checkbox"/> Yes <input type="checkbox"/>	Has filter been cleaned?	No <input type="checkbox"/> Yes <input type="checkbox"/> n/a <input type="checkbox"/>	
Is there evidence of illegal pumping or tank alterations?	No <input type="checkbox"/> Yes <input type="checkbox"/>			
Do any domestic wastewater drains bypass the system? (i.e. gray water diverted to surface)	No <input type="checkbox"/> Yes <input type="checkbox"/>			

ABSORPTION AREA

Type of System:	<input type="checkbox"/> At-Grade	<input type="checkbox"/> Conventional (<input type="checkbox"/> Bed <input type="checkbox"/> Trench <input type="checkbox"/> Dosed <input type="checkbox"/> Gravity)	<input type="checkbox"/> Mound		
	<input type="checkbox"/> In-Ground Pressure	<input type="checkbox"/> Dry Well	<input type="checkbox"/> Outfall	<input type="checkbox"/> Other _____	<input type="checkbox"/> Unknown
Is the area of the soil absorption system soft or spongy?	No <input type="checkbox"/> Yes <input type="checkbox"/>				
Does the soil absorption system have a vent or observation pipes?	No <input type="checkbox"/> Yes <input type="checkbox"/>				
Is liquid evident in vent or observation pipes?	No <input type="checkbox"/> Yes <input type="checkbox"/> n/a <input type="checkbox"/>	(If yes, # of Inches _____)			

SATURATION TEST *(required when a sanitary permit is not on file with the County)*

Procedure:
1. Run 150 gallons of water into septic tank or through water fixtures in structure. Add sewer tracing dye. (Double water dosage if structure is unoccupied. If system is equipped with an effluent pump, activate the pump cycle at least once)
2. Monitor liquid level in septic tank during test. Did water level fluctuate? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, # of Inches _____
3. Is liquid evident in vent or observation pipes before (# of Inches _____) or after (# of Inches _____) dosing? n/a <input type="checkbox"/>
4. Pump tank. Was backflow from the soil absorption system observed after pumping the tank? No <input type="checkbox"/> Yes <input type="checkbox"/>
5. Check property to identify if any wet or spongy areas exist on or around soil absorption system.
6. Check for any possible effluent outfall areas.
Comments: _____

DETERMINATION OF A FAILING SYSTEM

Per Section 145.245 (4), Wisconsin Statutes, a failing POWTS is one which causes or results in any one of the following conditions. Please indicate which apply:

- Discharge of sewage into surface water or ground water ----- No Yes
- Introduction of sewage into zones of seasonal saturation which adversely affects the operation of the POWTS ----- No Yes
- Discharge of sewage to a drain tile or into zones of bedrock ----- No Yes
- Discharge of sewage to the surface of the ground ----- No Yes
- Failure to accept sewage and backup of sewage into the structure ----- No Yes

SOIL EVALUATION ^{}(required for property transfers when a valid soil test is not on file with the County)^{**}**

A minimum of one soil pit or boring must be evaluated for systems with no soil test report on file or when the County determines an existing test to be obsolete. The soil pit or boring is to be located adjacent to the soil absorption system and must extend at least three feet below the infiltrative surface. This evaluation is not intended to be used to delineate a site within which a new or replacement system can be installed. This evaluation is only for the purpose of allowing the regulatory authority to determine if the existing system is located in code compliant soils.

Depth of Infiltrative Surface: _____ Inches				Depth to limiting factor: _____ Inches			Soil Application Rate	
Horizon	Depth In.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	GPD/ft ²	
							*Eff#1	*Eff#2
* Effluent # 1 = BOD ₅ >30 ≤ 220 mg/L and TSS >30 ≤ 150 mg/L * Effluent # 2 = BOD ₅ ≤ 30 mg/L and TSS ≤ 30 mg/L								
CST Name: _____ Signature: _____ CST #: _____								

SITE DIAGRAM

Please provide drawing including north arrow, location of septic system (tanks, vents, observation pipes, soil absorption system...etc), in relation to structures, wells, lot lines and any problem areas (i.e. outfall, sogginess, etc.)

INSPECTOR INFORMATION

Comments: _____

The information on this evaluation report is based upon observations made on the date of the evaluation only. This evaluation form does not grant any warranty, expressed or implied.

Inspector Name: _____ Signature: _____

Company Name: _____ Credential #: _____ **Evaluation Date:** _____