

CALUMET COUNTY

POWTS INVENTORY INSPECTION REPORT

PROPERTY INFORMATION

Permit # (Office Use Only) _____

Property Address: _____	Tax Id # _____
Owners Name: _____	Phone # _____
Mailing Address: _____	

SYSTEM INFORMATION

Type of structure: <input type="checkbox"/> Residential <input type="checkbox"/> Public / Commercial - Describe use _____

TANK INFORMATION (TANKS MUST BE PUMPED FOR THIS INSPECTION)

Date Pumped: _____	Pumper Name: _____
Type of Tank & Capacity: <input type="checkbox"/> Septic: _____ gal <input type="checkbox"/> Dose: _____ gal <input type="checkbox"/> Holding: _____ gal	
Tank Material: <input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____	
Tank Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Repairs/Replacement Needed	
Inlet Baffle: <input type="checkbox"/> Present <input type="checkbox"/> Missing <input type="checkbox"/> Damaged <input type="checkbox"/> Repairs/Replacement Needed	
Outlet Baffle: <input type="checkbox"/> Present <input type="checkbox"/> Missing <input type="checkbox"/> Damaged <input type="checkbox"/> Repairs/Replacement Needed	
Riser and Manhole Cover: <input type="checkbox"/> Good <input type="checkbox"/> Damaged <input type="checkbox"/> Repairs/Replacement Needed	
Locking Device: <input type="checkbox"/> Present <input type="checkbox"/> Missing <input type="checkbox"/> Manhole Cover Below Grade	
Warning Label: <input type="checkbox"/> Present <input type="checkbox"/> Missing <input type="checkbox"/> Manhole Cover Below Grade	
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"/>	

SOIL ABSORPTION SYSTEM

 (N/A if Holding Tank)

Type of System: <input type="checkbox"/> Conventional <input type="checkbox"/> Mound <input type="checkbox"/> Tile Line <input type="checkbox"/> Dry Well <input type="checkbox"/> Cesspool <input type="checkbox"/> Outfall
Was the soil absorption system located? No <input type="checkbox"/> Yes <input type="checkbox"/> If no, a saturation test is required.
Does system contain a dry well or seepage pit? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, a soil evaluation is required.
Is the area on or around the soil absorption system soft or spongy? No <input type="checkbox"/> Yes <input type="checkbox"/>
Is there any wastewater or effluent from the POWTS ponded on the surface of the ground? No <input type="checkbox"/> Yes <input type="checkbox"/>
Does the soil absorption system have a vent(s) or observation pipe(s)? 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 if a soil absorption system is not located)

 N/A

Run 150 gallons of water into septic tank or through water fixtures in structure. Add sewer tracing dye.
Does the soil absorption system discharge sewage into surface water? No <input type="checkbox"/> Yes <input type="checkbox"/>
Does the soil absorption system discharge sewage to the surface of the ground? No <input type="checkbox"/> Yes <input type="checkbox"/>
Does the soil absorption system contain an outfall pipe, open ended tile line or overflow line? No <input type="checkbox"/> Yes <input type="checkbox"/>

SOIL EVALUATION (Required for systems that contain a DRY WELL or SEEPAGE PIT)

 N/A

A minimum of one soil pit or boring must be evaluated for dry well or seepage pit type components if an acceptable soil test report is not on file with the County. The soil pit or boring is to be located adjacent to the dry well or seepage pit component 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 Dry Well or Seepage Pit: _____ 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 = BOD₅ >30 ≤ 220 mg/L and TSS >30 ≤ 150 mg/L * Effluent # 2 = BOD₅ ≤ 30 mg/L and TSS ≤ 30 mg/L

CST Name: _____	Signature: _____	CST #: _____
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SITE DIAGRAM

Please provide drawing of property including the location of structures, driveways, wells, lot lines, septic system (tank, vents, observation pipes, soil absorption system...etc) as well as any problem areas (i.e. outfall pipes, sogginess, etc. (Include north arrow)



INSPECTOR INFORMATION

Comments: (include defects, non-compliances, observations, repairs...etc)

The purpose of this report is to comply with SPS 383.255, Wis. Adm. Code and Section 74-37 of the Calumet County Sanitary Ordinance. This report is NOT intended to be used as a POWTS Evaluation for the sale of property or land division...etc. The information on this report is based upon observations made by the inspector on the date of inspection only and does not grant any warranty, expressed or implied.

Certain findings by your inspector/pumper may prompt an inspection and possible correction orders from this office, e.g. ponding of effluent/wastewater to the ground surface, dry well, outfalls, cesspools, inadequate well setbacks...etc.

Inspector Name: _____ Signature: _____

Credential #: _____

Date of Inspection: _____