

CALUMET COUNTY POWTS Maintenance Report

Property Owner: _____

Tax Id #: _____

Site Address: _____

Gallons Pumped: _____

Septic Tank
Y N <input type="checkbox"/> <input type="checkbox"/> Was the septic tank pumped? <input type="checkbox"/> <input type="checkbox"/> Tank overfull / overflowing at arrival? <input type="checkbox"/> <input type="checkbox"/> Structurally sound? (not scaling/cracked) <input type="checkbox"/> <input type="checkbox"/> Inlet/Outlet baffles present & good condition? <input type="checkbox"/> <input type="checkbox"/> Manhole access above grade? If yes, was it locked? <input type="checkbox"/> YES <input type="checkbox"/> NO

Mound or At-Grade
Y N <input type="checkbox"/> <input type="checkbox"/> Effluent from POWTS discharging to ground? <input type="checkbox"/> <input type="checkbox"/> Ground soft/spongy on top or around base? <input type="checkbox"/> <input type="checkbox"/> Effluent present in observation/vent pipes? If yes, depth was _____ inches.

Dose Tank
Y N <input type="checkbox"/> <input type="checkbox"/> Was the dose tank pumped? <input type="checkbox"/> <input type="checkbox"/> Tank overfull / overflowing at arrival? <input type="checkbox"/> <input type="checkbox"/> Structurally sound? (not scaling/cracked) <input type="checkbox"/> <input type="checkbox"/> Manhole access above grade? If yes, was it locked? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> Alarm/floats/pump appear to function properly?

In-Ground Pressure or In-Ground Gravity
Y N <input type="checkbox"/> <input type="checkbox"/> Effluent from POWTS discharging to ground? <input type="checkbox"/> <input type="checkbox"/> Ground soft/spongy over drainfield? <input type="checkbox"/> <input type="checkbox"/> Effluent present in observation/vent pipes? If yes, depth was _____ inches.

Effluent Filter
Y N <input type="checkbox"/> <input type="checkbox"/> Filter present at time of service? <input type="checkbox"/> <input type="checkbox"/> Filter securely attached to outlet? <input type="checkbox"/> <input type="checkbox"/> Filter cleaned at time of service?

Septic System (permit # is 99- _____)
Y N <input type="checkbox"/> <input type="checkbox"/> Was effluent/sewage discharging to ground? <input type="checkbox"/> <input type="checkbox"/> Was tank visually inspected for soundness? <input type="checkbox"/> <input type="checkbox"/> Does tank appear to be cesspool (no septic tank)? <input type="checkbox"/> <input type="checkbox"/> Inlet/Outlet baffles present & good condition? <input type="checkbox"/> <input type="checkbox"/> Manhole access above grade? If yes, was it locked? <input type="checkbox"/> YES <input type="checkbox"/> NO Tank Material: <input type="checkbox"/> Concrete <input type="checkbox"/> Block/Brick <input type="checkbox"/> Steel <input type="checkbox"/> Plastic Total number of tanks: _____ Estimated Tank Capacity: _____ gallons Type of system: <input type="checkbox"/> Conventional <input type="checkbox"/> Dry Well <input type="checkbox"/> Mound/At-Grade <input type="checkbox"/> Holding Tank <input type="checkbox"/> Cesspool <input type="checkbox"/> Outfall Pipe <input type="checkbox"/> <input type="checkbox"/> Are there observation/vent pipes on drainfield? <input type="checkbox"/> <input type="checkbox"/> Was there ponding observed in the drainfield? <input type="checkbox"/> <input type="checkbox"/> Graywater from home discharging to ground

Holding Tank
Y N <input type="checkbox"/> <input type="checkbox"/> Was tank overflowing to ground surface? <input type="checkbox"/> <input type="checkbox"/> Structurally sound? (Tank scaling/cracked) <input type="checkbox"/> <input type="checkbox"/> Alarm/floats/pump appear to function properly? <input type="checkbox"/> <input type="checkbox"/> Was manhole access locked properly?

Notes

Service Provider
Company Name: _____
Signature: _____
Date: _____