

**DOOR COUNTY PRIVATE ONSITE WASTE TREATMENT SYSTEM EVALUATION**

**PROPERTY INFORMATION**

Property Owner: \_\_\_\_\_ Legal Description: \_\_\_\_\_ 1/4, \_\_\_\_\_ 1/4  
Property Location: \_\_\_\_\_ Sec. \_\_\_\_\_, T \_\_\_\_\_ N, R \_\_\_\_\_ E  
Mailing Address: \_\_\_\_\_ Town of \_\_\_\_\_  
\_\_\_\_\_ Tax Parcel # \_\_\_\_\_

**PURPOSE OF EVALUATION: (Check one)**  Transfer/Change in Property Interest  Reconnect  
 Bedroom Addition  Other: \_\_\_\_\_

**BUILDING/DWELLING USE**

Residential If so, # of Bedrooms: \_\_\_\_\_  Public/Commercial Use \_\_\_\_\_

**SYSTEM TYPE**

In-ground Non-Pressurized \_\_\_\_\_ Mound \_\_\_\_\_ Holding Tank \_\_\_\_\_ At-Grade \_\_\_\_\_  
In-ground Pressurized \_\_\_\_\_ Other: \_\_\_\_\_

**PERMIT HISTORY**

Has a Door County Sanitary Permit been previously issued? (Circle) Yes No  
Age estimate: \_\_\_\_\_ years

**TREATMENT TANK/FILTER INFORMATION**

Treatment tank size: \_\_\_\_\_ gallons Number of Tanks \_\_\_\_\_ Manufacturer: \_\_\_\_\_  
Pump tank/Holding tank size: \_\_\_\_\_ gallons Tank material: Concrete Plastic Other \_\_\_\_\_  
Tank Pumped? Yes No Pumper \_\_\_\_\_ Date \_\_\_\_\_  
Tank/Baffle Condition \_\_\_\_\_ Filter apparatus type: \_\_\_\_\_  
Are all risers, locks, chains and alarms installed and in good working order? Yes No \_\_\_\_\_  
Distance from all weather service road to holding tank manholes \_\_\_\_\_  
Water meter w/remote reader in place for holding tank? Yes No \_\_\_\_\_

**DISPERSAL CELL INFORMATION**

Total dispersal cell area \_\_\_\_\_ Depth to system elevation \_\_\_\_\_  
Is effluent evident in observation/vent pipe? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, depth/inches: \_\_\_\_\_  
Setback distance to: Well \_\_\_\_\_ Lot line \_\_\_\_\_ Building \_\_\_\_\_ Surface water \_\_\_\_\_  
**A soil boring is required in close proximity to the existing dispersal cell to determine whether failure exists (prior to November 1, 1974)**

**DETERMINATION OF A FAILING PRIVATE ONSITE WASTE TREATMENT SYSTEM**

*AS PER S.145.245(4) WISCONSIN STATUTES A FAILING SYSTEM IS ONE WHICH CAUSES OR RESULTS IN ANY OF THE FOLLOWING CONDITIONS. PLEASE ANSWER THE QUESTIONS BELOW:*

- (a) Discharge of sewage into surface water or groundwater Yes No
- (b) Introduction of sewage into zones of saturation which adversely affects the operation of a private onsite waste treatment system Yes No
- (c) Discharge of sewage to a drain tile or into zones of bedrock Yes No
- (d) Discharge of sewage to the surface of the ground Yes No
- (e) Failure to accept sewage discharges and backup of sewage into the structure served by the system Yes No

Does the system meet all setback requirements from the dispersal component and treatment tanks to the well(s), structure(s), property lines, etc.? Yes No If no, explain: \_\_\_\_\_

**The information on this evaluation reports observations made on the date of the evaluation only. This report and interpretation does not warrant the existing and/or future working condition of the subject system.**

Plumber/ POWTS Inspector/CST Name (print) \_\_\_\_\_  
Wisconsin License# \_\_\_\_\_ Signature \_\_\_\_\_  
Date \_\_\_\_\_

**>>>>>>>>>>PROVIDE DRAWING & SOIL BORING INFORMATION ON NEXT PAGE>>>>>>>>>>>>**

**DIAGRAM OF PROPERTY**

Show locations/setbacks to buildings, tanks, dispersal cells, well, neighboring wells, soil borings, etc.

Comments: \_\_\_\_\_

\_\_\_\_\_

Horizon	Depth Inches	Dominant color Munsell	Redox Description		Texture	Structure		Consistence	Boundary	Roots	Eff #1	Eff #2
			Qu. Sz.	Cont. Color		Gr. Sz.	Sh.					

Comments by county inspector: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

County Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

(2011) (Send completed form to: Door County Sanitarian, 421 Nebraska Street, Sturgeon Bay WI 54235)