MANITOWOC COUNTY

EXISTING PRIVATE SEWAGE SYSTEM INSPECTION REPORT

IS THE SYSTEM FAILING BASED ON 145.01(4m) No ■ Yes ☐

PROPERTY INFORMATION:

OWNER: _____ PHONE #: _____

MAILING ADDRESS: _____

_____

PROPERTY ADDRESS: _____

LEGAL DESCRIPTION: _____ 1/4 , _____ 1/4, S ____, T ____ N-R ____ E

TOWN _____

LOT # _____ CSM: _____ SUBDIVISION: _____

TAX PARCEL NUMBER: _____

BUILDING /DWELLING USE: _____ CODE DERIVED DAILY FLOW: _____

NUMBER OF BEDROOMS IF RESIDENTIAL: _____

SYSTEM INFORMATION

STATE PERMIT #: _____
COUNTY PERMIT #: _____
DATE OR YEAR OF INSTALLATION IF KNOWN: _____
HOW MANY PEOPLE HAS THE SYSTEM TYPICALLY SERVED: _____
HAS THE HOME BEEN VACANT FOR ANY AMOUNT OF TIME: _____
PRIVATE SEWAGE SYSTEM INSTALLER, IF KNOWN: _____
SYSTEM TYPE: _____
CELL CONFIGURATION (If Known): _____

TANK INFORMATION

SEPTIC TANK SIZE: _____ GALLONS PUMP CHAMBER SIZE: _____
SEPTIC TANK 1/3 FULL OF SOLIDS: YES ■ *NO* ☐
DATE TANK LAST PUMPED: _____ PUMPER NAME: _____
TANK MATERIAL: _____
TANK CONDITION: _____
BAFFLE CONDITION: _____
FILTER TYPE IF APPLICABLE: _____
ALARMS/LOCKS/CHAINS/WARNING LABEL CONDITIONS: _____

ABSORPTION AREA

IS THE AREA OF THE SYSTEM SOFT OR SPONGY? _____
IS LIQUID EVIDENT IN THE VENT OR OBSERVATION TUBES? _____

DETERMINATION OF A FAILING SYSTEM

Section 145.01 (4m), Stats., reads: " "Failing private on-site wastewater treatment system" means a private on-site wastewater treatment system that meets the criteria established by the department for determining if a private on-site wastewater treatment system is failing. A failing private on-site wastewater treatment system is one that 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 which adversely affects the operation of a private sewage 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 backup of sewage into the structure served by the private on-site wastewater treatment system."

- DOES THE SYSTEM DISCHARGE WITHIN THREE FEET OF GROUND WATER?---------- *No* ☐ *Yes* ☐
- DOES THE SYSTEM DISCHARGE TO A ZONE OF SEASONAL SATURATION THAT ADVERSELY AFFECTS THE OPERATION OF THE SYSTEM?---------- *No* ☐ *Yes* ☐
- DOES THE SYSTEM DISCHARGE TO A DRAIN TILE?---------- *No* ☐ *Yes* ☐
- DOES THE SYSTEM DISCHARGE TO THE SURFACE OF THE GROUND?---------- *No* ☐ *Yes* ☐
- DOES THE SYSTEM DISCHARGE TO SURFACE WATERS?---------- *No* ☐ *Yes* ☐
- DOES THE SYSTEM DISCHARGE WITHIN THREE FEET OF BEDROCK?---------- *No* ☐ *Yes* ☐
- DOES THE SYSTEM FAIL TO ACCEPT SEWAGE OR BACKUP INTO THE STRUCTURE?------ *No* ☐ *Yes* ☐

IS THERE A VALID SOIL EVALUATION ON FILE WITH THE COUNTY ZONING OFFICE: *No* ☐ *Yes* ☐

SOIL BORING INFORMATION (if required) [Conduct boring in vicinity of the absorption cell(s)]

Depth to Infiltrative Surface: _____ In.

Horizon	Depth In.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Soil Application Rate `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

Depth to limiting factor _____ In. Soil Application Rate at Infiltrative Surface _____ GPD/Ft^2

CST NAME: _____ CST NUMBER: _____

SITE DIAGRAM

ATTACH A DETAILED SITE DIAGRAM SHOWING ALL SETBACKS, LOCATION OF TANKS, ABSORPTION FIELD(s) AND STRUCTURES. ELEVATIONS WITH A BENCHMARK MUST BE SHOWN TO DETERMINE SEPARATION TO ANY SOIL LIMITATION.

COMMENTS & RECOMMENDATIONS:

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

INSPECTORS NAME: _____ SIGNATURE: _____ DATE: _____
REGISTRATION #: _____

Please Return Original To:
Manitowoc County Planning & Park Commission
4319 Expo Drive
P.O. Box 935
Manitowoc, WI 54221-0935
Phone # 920-683-4185 Fax # 920-683-4190