SEPTIC SYSTEM 3-YEAR MAINTENANCE REPORT
DUE BY NOVEMBER 30, 2020

Name: [Blank]
Site Address: [Blank]
Mailing Address: [Blank]
City, State, Zip: [Blank]
Tax Parcel #: [Blank]
Sanitary Permit #: [Blank]

You, the property owner are responsible for obtaining the inspection and maintenance evaluation of your septic system, and to submit this document once it is completed by your service provider, as indicated in the maintenance instructions below.

Please submit this completed form to the address listed above, along with the required $15.00 FILING FEE. [If filing after the due date, amount due = $30.00.] PLEASE MAKE CHECKS PAYABLE TO: LAFAYETTE COUNTY

[Failure to respond and have your septic system inspected or maintained will result in corrective action that may include the issuance of a citation.]

MAINTENANCE INSTRUCTIONS: Evaluations of tanks and dispersal cells shall be made by a service provider who is certified or licensed as a Master Plumber; Master Plumber Restricted Sewer; POWTS Inspector; POWTS Maintainer; or Septic Servicing Operator (pumper). Tank evaluations must include a visual inspection of the tank(s) to identify any missing or broken hardware, identify any cracks or leaks, to measure the volume of combined sludge and scum and to check for any backups or discharge to the ground surface. The dispersal cell(s) shall be visually inspected to check for backups of effluent within the dispersal cell(s) and to check for any discharge of effluent to the ground surface. When the combined accumulation of sludge and scum in any treatment tank equals one-third (1/3) or more of the tank volume, the entire contents of the tank shall be removed by a Septic Servicing Operator and disposed of pursuant to Ch. NR 113 Wis. Adm. Code. All other service, including but not limited to the servicing of effluent filters, mechanical or pressurized components, pretreatment units, and any servicing at intervals of ≤ 12 months, shall be performed by a certified POWTS Maintainer. [Information you provide may be used for secondary purposes. Privacy Law, s. 15.04 (1)(m)].

DATE INSPECTION WAS PERFORMED:
[Blank] Septic Tank was pumped and POWTS evaluated
[Blank] Septic Tank NOT pumped, as evaluated combined sludge & scum volumes equaled less than 1/3 of tank volume

☐ SURFACE DISCHARGE OBSERVED FROM: ☐ Septic or Pump Tank ☐ Caved In or Open Tank ☐ Drain-field ☐ Outfall Pipe

TANK MATERIAL: ☐ Concrete ☐ Metal ☐ Fiberglass or Plastic
Drain-filed Type: ☐ In-ground ☐ Mound ☐ At-Grade ☐ Pressurized

☐ Distribution Box Functional ☐ N/A
☐ Filter Equipped ☐ N/A
☐ Riser Cover Secured? ☐ N/A
☐ Riser Appears Water Tight & Functional?
☐ Baffles In-place & Functional?
☐ Tank Appears Water Tight & Functional?
☐ Alarm(s) & Pump(s) Operational? ☐ N/A

(circle YES -or- NO) ➔ YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO

TANK #1 SIZE (gallons)
TANK #2 SIZE (gallons)
PUMP CHAMBER SIZE (gals)
TOTAL GALLONS PUMPED

If you answered NO to any of the questions, describe what you observed:

POWTS EVALUATION SERVICE PROVIDER VERIFICATION

REponsibility Statement – I the undersigned, certify that the data reported on this form was obtained by me and is correct to the best of my knowledge and belief.

Pumper Name (Print): PUMPING COMPANY: PHONE:

Signature: LICENSE NO: EMAIL:

For County Use Only: Reviewed by:

Based on information provided the POWTS appears ☐ Functional ☐ Failing

Reviewed By: Date: