



COUNTY OF KENOSHA

Department of Planning and Development

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Existing POWTS Evaluation Report

LOCATION: ___ 1/4 ___ 1/4 Section _____, T ___ N, R ___ E, Town of _____ Date _____

Lot No. _____ Block No. _____ Subd. _____ Parcel # _____

Owner's/Buyer's Name: _____ Phone # _____

Mailing Address: _____

Site Address: _____ Sanitary Permit # _____

Reasons for Evaluation:

- | | |
|--|---|
| <input type="checkbox"/> Building Addition/Renovation | <input type="checkbox"/> Change in Building Use, Design Wastewater Flow or Wastewater Quality |
| <input type="checkbox"/> Reconnection, Modification or Repair to a POWTS | <input type="checkbox"/> Rezoning of Parcel, Conditional Use Permit, or a Certificate of Compliance |
| <input type="checkbox"/> Land Division or Certified Survey Map | |
| <input type="checkbox"/> Other _____ | |

Existing POWTS Serves a:

- 1 or 2 Family Dwelling
Current Number of Bedrooms _____
- Multiple Family Dwelling (3 units or more)
Current Number of Bedrooms _____
- Commercial/Public Building, Describe Use: _____
Current and Proposed Design Flow _____
- Private Outbuilding, Describe Use: _____

Does all domestic wastes from the structure discharge to the existing POWTS? _____

If NO, please explain _____

Is there any non-domestic waste being generated in the structure? _____

If yes, please explain what it is and where it is discharged _____

Permit Information

Sanitary Permit- Permit # _____ Date Issued _____ Date Installed _____

Is there a past sanitary permit issued by Kenosha County for this system? _____

If yes, please obtain the copies necessary for you to complete this evaluation. If no permit is on file with the county, then a complete and thorough evaluation of the existing system is required along with a detailed site plan and a soil boring documenting the system elevation and the separation to seasonal zones of saturation in the soil based on redoximorphic colors and/or seasonal groundwater. In both situations stated, the below information must be completed.

Existing POWTS Components

1. Treatment Tanks

Septic Tanks Holding Tanks Pump Chamber Other (specify) _____

Septic/Holding Tanks Manufacturer & Capacity _____

Number of Tanks _____ Material: _____ Describe Condition of Tanks and Baffles _____

Are all risers, covers, warning labels, locks, vents, electrical boxes and conduit, floats and wires and outlet filters present and in good working order? _____ If NO, explain the non-compliance(s) _____

Most Recent Tank Servicing Date: _____ By: _____

This information obtained from: _____

2. Pump Chamber/Other

Manufacturer & Capacity _____ Number of Tanks _____

Describe condition of the tank _____

Are all risers, covers, warning labels, locks, vents, electrical boxes, conduit, floats, wires and filters in good working order? _____ If NO, explain the non-compliance(s) _____

3. Aerobic Treatment, Fixed Medium Pre-Treatment, Sand Filters, Peat Filters, or any other Secondary Treatment Devices

Manufacturer & Capacity _____ Number of Tanks _____

Material _____ Condition of Pre-Treatment Device – Explain the performance and any non-compliances _____

4. Supplemental Treatment Devices (UV lights, chlorinators, etc.)

Type and Manufacturer of Device _____

Is the device Operational? _____ If NO, explain non-compliance(s) _____

5. Soil Dispersal Cell

Type of Absorption Cell (inground, at-grade, mound, etc.) _____

Is there any wastewater or sewage effluent on the ground surface or being discharged via tile, pipe or hose on the property or to a right-of-way of any road or easement? _____

If Yes, explain _____

Is effluent observed ponded in the dispersal cell? _____ If Yes, what is the measured depth? _____

Dispersal Cell Dimensions _____ Number of Cells _____ Depth to top of Cell _____

Depth to the Bottom of the Cell _____

Additional comments, conclusions and observations made regarding the existing system and its current performance:

I do hereby certify that the information collected in the field and recorded on this report and all accompanying documents is accurate and based on this evaluation. The existing POWTS serving the structure at the above named location _____ (is or is not) a failing system as defined in the Wisconsin Statutes Ch. 145.245(4) and based on an existing or completed soil test for the evaluation has a separation of _____ inches from a seasonal zone of saturation to the existing system elevation.

Evaluator's Name _____ Signature _____
 Date _____ Mailing Address _____
 License/Certification Number _____ List all credentials for the above license number _____

This evaluation does not express any warranty or project any longevity of the system. This evaluation was done in good faith in determining optimum performance based on information provided by the owner, the Department of Planning and Development, my observation and methods of investigation at the time of evaluation.

Additional information to be included with this evaluation dependent on the intended reason for the POWTS Evaluation	County Sanitary Permit	Proposed Addition And/or Renovation	Conditional Use Permit Change in Use or Wastewater Quality or Flow
1. Soil and Site Evaluation (Soil Test or Single Boring) unless there is one already on file with the County	X	X	X
2. Complete Site Plan detailing the proposed sanitation project or the existing POWTS	X	X	X
3. County Sanitary Permit Application	X	*	
4. Maintenance Agreement (If not already on file or is outdated)	X	X	X
5. Servicing contracts, recordable documents as required by County Ordinance (dependant on project)	X	X	X

* - May be required dependent on the project.

Definition of a Failing Private Sewage System as per Ch. 145.245(4), Wisconsin Statutes "... one in which causes or results in any of the following conditions:

- (a.) The discharge of sewage in to surface water or ground water
- (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 discharge and back up of sewage into the structure served by the private sewage system."

 Department Use Only

Date Reviewed: _____

Sanitarian's Signature _____

Comments: _____