



# COUNTY OF KENOSHA

## Department of Planning and Development

*George E. Melcher, Director*

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### Septic Tank Maintenance Report Form

OWNER'S NAME: \_\_\_\_\_ PERMIT # \_\_\_\_\_  
 PROPERTY ADDRESS: \_\_\_\_\_ TOWN OF \_\_\_\_\_  
 PARCEL # \_\_\_\_\_

**This form must be completed by Septic System Service Provider and must be submitted to and received by The Kenosha County Department of Planning and Development within the specified time period as stated in the accompanying letter.**

Check all that apply:

| <u>Drainfield Observations</u>                             | Yes / No    | <u>Treatment Tank Observations</u>                               | Yes / No    |
|--|-------------|--|-------------|
| Surfacing sewage   | ____ / ____ | Wastewater found above the normal flow line                      | ____ / ____ |
| Spongy ground surface (not due to spring thaw)             | ____ / ____ | Wastewater, drainback from drainfield during pump out            | ____ / ____ |
| Bare soil surface area(s) due to seasonal surfacing sewage | ____ / ____ | Wastewater overflowing treatment tank cover                      | ____ / ____ |
| Sewage discharge   | ____ / ____ | Wastewater seep through treatment tank riser and/or riser joints | ____ / ____ |

Describe any "Yes" observations made. Use back side of this report form if additional space is needed:

\_\_\_\_\_

Are there any other observable signs of septic system malfunction or failure not previously described or mentioned? Yes: \_\_\_\_ No: \_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Components serviced by service provider - check all that apply:

Septic Tank: \_\_\_\_ Effluent Filter: \_\_\_\_ Pump Chamber: \_\_\_\_ Other: \_\_\_\_

**DATE OF SERVICE:** \_\_\_\_\_

**NAME OF SERVICE COMPANY:** \_\_\_\_\_ **License #:** \_\_\_\_\_

**SIGNATURE OF PUMPER:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SIGNATURE OF OWNER/AGENT:** \_\_\_\_\_ **Date:** \_\_\_\_\_