



# Existing POWTS Evaluation Report Form

for county use

**The following documents are required to complete an Existing POWTS Evaluation Report:**

- 1. Existing POWTS Evaluation Report Form (R.03/22)
  - 2. Complete Plot Plan (signed & dated)
  - 3. Soil & Site Evaluation Report (SBD-8330)
  - 4. County Sanitary Permit Application
  - 5. Soil Verification Fee (\$100.00)
- Required for **all POWTS**
- Required for **all POWTS** without a valid Soil & Site Evaluation Report (SBD-8330) on file with the Marathon County Conservation, Planning & Zoning Department, *except* holding tanks.

**Purpose of evaluation:**     Reconnection     Transfer of property     Change in wastewater flows or loads     Other

**Site address:** \_\_\_\_\_  
 \_\_\_\_\_ ¼ \_\_\_\_\_ ¼ Sec. \_\_\_\_\_ T \_\_\_\_\_ N R \_\_\_\_\_ E Lot #: \_\_\_\_\_  
 City - Village - Town of: \_\_\_\_\_  
 Subdivision/CSM: \_\_\_\_\_  
 Parcel ID: \_\_\_\_\_

**Current Owner:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
**Telephone:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## Evaluation complete all fields

PERMIT HISTORY

**Was a sanitary permit previously issued for this POWTS?**     Yes     No  
 County ID: \_\_\_\_\_ – SAN – \_\_\_\_\_  
 Date issued: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

STRUCTURE SERVED

**Type of property:**     1 or 2 family dwelling    **Number of bedrooms:** \_\_\_\_\_  
 Public/commercial    **Description:** \_\_\_\_\_    **DWF:** \_\_\_\_\_ gpd

**Do all domestic wastes from the structure enter this POWTS?**     Yes     No    **Please explain:** \_\_\_\_\_  
*e.g. gray water diverted to surface, other POWTS serving structure, etc.*

EXISTING TANK(S)

**Existing tank(s):**     Septic tank(s) *including septic/pump combo*  
 Holding tank(s)  
 Pump chamber *not including septic/pump combo*

**Manufacturer:** \_\_\_\_\_    **Number:** \_\_\_\_\_    **Total capacity:** \_\_\_\_\_ gal

**Material:**     Steel  
 Concrete  
 Other: \_\_\_\_\_

**Cracks in tank?:**     Yes     No

**Locks:**     Functional     Not functional

**Covers:**     Functional     Not functional

**Baffles:**     Functional     Not functional

**Filters:**     Functional     Not functional

**Alarms:**     Functional     Not functional

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**Tank(s) last pumped:**    **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_    **Pumper:** \_\_\_\_\_  
 No pumping on record

# Evaluation complete all fields

SOIL ABSORPTION AREA

Type of soil absorption area:	<input type="checkbox"/> In-ground <input type="checkbox"/> At-grade <input type="checkbox"/> Mound <input type="checkbox"/> Not applicable
Effluent observed in the distribution cell?	<input type="checkbox"/> Yes    Depth: _____ <input type="checkbox"/> No
Distribution cell size:	_____
Distribution cell depth:	_____
System elevation (if known):	_____
Was any wastewater or effluent discharging to, or ponding on, the ground surface? <i>(includes road ditch)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

SURFACE DISCHARGE

Evaluator Comments:

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I do hereby certify that the information contained on this report and accompanying documents is accurate and, based on this evaluation, the existing private sewage system serving the structure at the above described location

IS     IS NOT    ...a failing system, as defined in §145.245(4) Wisconsin Statutes *(defined below)*

Print name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ License / Certification Number \_\_\_\_\_

Master Plumber     Master Plumber-R.S.     Journeyman Plumber     Journeyman Plumber-R.S.  
 POWTS Inspector     Registered POWTS Maintainer     Certified Septage Servicing Operator *(tanks only)*

The information on this Existing POWTS Evaluation Report is based upon observations made on the date of the evaluation only. This evaluation does not grant any warrant, expressed or implied.

**§145.245(4), Wisconsin Statutes defines a FAILING PRIVATE SEWAGE SYSTEM as**

“...one which 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 back up of sewage into the structure served by the private sewage system.”

Reviewed and accepted by: *for county use*

Marathon County CPZ Name & Title:

Marathon County CPZ Signature:

Date: