



# COUNTY OF KENOSHA

## Division of Health Services

19600 - 75th Street, Suite 185-3  
Bristol, Wisconsin 53104-9772  
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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 Street Address: \_\_\_\_\_

#### Reasons for Evaluation:

- Building Addition/Renovation
- Reconnection, Modification or Repair to a POWTS
- Land Division or Certified Survey Map
- Other \_\_\_\_\_
- Change in Building Use, Design Wastewater Flow or Wastewater Quality
- Rezoning of Parcel, Conditional Use Permit, or a Certificate of Compliance

#### 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: \_\_\_\_\_

- 1) Does all domestic wastes from the structure discharge to the existing POWTS? \_\_\_\_\_  
If **NO**, please explain \_\_\_\_\_
- 2) 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 \_\_\_\_\_  
If a sanitary permit exists, 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, high water alarm, 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 \_\_\_\_\_ 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 Division of Health Services, 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."

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 Department Use Only

Date Reviewed: \_\_\_\_\_

Sanitarian's Signature \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_