COUNTY OF KENOSHA

Division of Health Services

19600 - 75th Street, Suite 185-3
Bristol, Wisconsin 53104-9772
Telephone: (262) 857-1910
Facsimile: (262) 857-1920

Option 2 - Evaluation Report Form

OWNER'S NAME: _____ **PERMIT #** _____

PROPERTY ADDRESS: _____ **PARCEL #** _____

This POWTS Evaluation Report Form may be used in lieu of the Treatment Tank(s) Maintenance Report Form when a service pumping does not occur and an evaluation of the tank(s) sludge and slum volume is preferred.

Note: SPS 383.54 requires a pumping frequency of an anaerobic treatment tank for a POWTS shall occur at least when the combined sludge and scum volume equals (33.33%) of the tank volume.

Method used to determine sludge and scum volume. (Check all that apply.)

☐ Sludge Judge ☐ Core Taker ☐ Imhoff Settling Cone
☐ Trucore Sludge Sampler ☐ Settleometer ☐ Other

Explain in detail if other method is used.

_____

If multiple anaerobic treatment tanks exist, each must be evaluated for sludge and scum levels. This includes pump/dose tanks or siphons. All pump/dose or siphon tank liquid volume levels shall be considered to be from tank floor to the pump intake level. Sludge determination and servicing needs shall be based on that liquid volume level.

Tank Volume Determination: (Check all that apply.)

☐ Septic ☐ Dose ☐ Other	☐ Septic ☐ Dose ☐ Other	☐ Septic ☐ Dose ☐ Other
Tank Manufacturer:	Tank Manufacturer:	Tank Manufacturer:
_____	_____	_____
Tank Gallons: _____	Tank Gallons: _____	Tank Gallons: _____
Liquid Depth = _____	Liquid Depth = _____	Liquid Depth = _____
Sludge Depth = _____	Sludge Depth = _____	Sludge Depth = _____
Scum Thickness = _____	Scum Thickness = _____	Scum Thickness = _____
% Sludge & Scum = _____	**% Sludge & Scum=** _____	**% Sludge & Scum =** _____

Formula: Total inches of sludge & scum ÷ liquid depth = solids quotient x 100 = percentage of solids occupying total tank volume.

Sample Calculation: Septic Tank Volume = 1270 gallons, outlet height of 42", sludge depth is 5" thick and scum layer is 5" thick.

Example: 5 + 5 = 10: ÷ 42" = 0.2381 x 100 = 23.81% (23.81% of tank volume occupied by sludge and scum.)

(Check all that apply)

Drainfield Observations	**Yes / No**	**Treatment Tank Observations**	**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:

_____

_____

This form must be completed by Septic System Service Provider and must be submitted to and received by the Kenosha County Division of Health Services within the specified time period as stated in the maintenance notice previously sent.

DATE OF SERVICE: _____

NAME OF SERVICE COMPANY/ EVALUATOR:_____Date:_____

SIGNATURE OF EVALUATOR:_____License #:_____

SIGNATURE OF OWNER/AGENT:_____Date:_____

***Note: When a sludge and scum evaluation is completed in lieu of treatment tank pumping, the next scheduled POWTS service notification and evaluation shall be determined by the result findings of this report. After the treatment tank(s) are pumped, the POWTS service and notification frequency will return to a 3 year interval.**