

OCONTO COUNTY PRIVATE ONSITE WASTE TREATMENT SYSTEM EVALUATION

Revised 11-2025

Form 12-009

1. DOES SYSTEM PASS s. 145.01(4m) CODE REQUIREMENTS? (SEE #9) ☐ YES ☐ NO

2. PROPERTY INFORMATION

Property Owner: _____
Property Address: _____
Mailing Address: _____
Phone #: _____

Legal Description: _____ 1/4 _____ 1/4
Sec. _____ T _____ N, R _____ E
Town of _____
Tax Parcel # _____

3. PURPOSE OF EVALUATION: (check one) ☐ Reconnect ☐ Bedroom Addition ☐ Property Transfer evaluation

☐ System renovation or minor repair. Describe: _____

☐ Non-bedroom addition > 150 sq ft. ☐ Other _____

4. BUILDING/DWELLING USE

Residential, _____ # of Bedrooms Public/Commercial Use: _____
Code derived estimated daily flow _____ gpd

5. SYSTEM TYPE (check all that apply)

☐ Conventional ☐ Mound ☐ Holding Tank ☐ At-Grade ☐ Leaching Chambers
☐ In-ground Pressure ☐ Privy (Pit or Vault) ☐ Pretreatment: _____ ☐ Other _____

6. PERMIT HISTORY

Has an Oconto County Sanitary Permit been previously issued? ☐ Yes ☐ No If yes, Permit # _____
Original applicants name: _____ Date Issued _____

7. TREATMENT TANK INFORMATION

Treatment tank size _____ gallons # of Tanks _____ Tank Pumped? Y Pumper _____ Date _____
Manufacturer: _____ N % of solids in tank _____
☐ Concrete ☐ Steel ☐ Plastic ☐ Other _____ Tank / Baffle Condition _____
Filter Apparatus in place? ☐ Yes ☐ No Manufacturer _____ Filter Cleaned? ☐ Yes ☐ No
Are all risers, locks, chains, and alarms in place and in good working order? ☐ Yes ☐ No _____
Alarm location: ☐ Tank Ped ☐ Home (describe location): _____
Distance from all weather service road to tank manholes. _____

8. DISPERSAL CELL INFORMATION

Cell dimensions _____ # of Cells _____ Depth of cover by observ. pipe _____
Total Dispersal area _____ Depth to system elevation _____
Dispersal area required under current code _____
Is water or water stains evident in observation/vent pipe? ☐ No ☐ Yes Describe: _____
Setback distance to Well: _____ Lot line _____ Building _____ Surface water/Pond _____

A SOIL BORING IS REQUIRED IN PROXIMITY OF THE DISPERSAL COMPONENT. SEE #9

9. DETERMINATION OF A FAILING PRIVATE ONSITE WASTE TREATMENT SYSTEM

PER s.145.01 (4m) WISCONSIN STATUTES A FAILING SYSTEM IS ONE WHICH CAUSES OR RESULTS IN ANY OF THE FOLLOWING CONDITIONS. PLEASE INDICATE WHICH APPLY:

- | | |
|--|--|
| a) Discharge of sewage into surface water or groundwater. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) Introduction of sewage into zones of saturation which adversely affects the operation of a private onsite waste treatment system. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c) Discharge of sewage to a drain tile or into zones of bedrock. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d) Discharge of sewage to the surface of the ground. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e) Failure to accept sewage discharges and backup of the sewage into the structure served by the system. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

10. Does the system meet all setback requirements from the dispersal component and treatment tanks to well(s), structure(s), property lines, etc.? ☐ Yes ☐ No If no, explain _____

Additional Comments: _____

The information on this evaluation reports observations made on the date of the evaluation only. This evaluation form does not grant any warranty, expressed or implied.

Plumber or POWTS Inspector Name (print) _____


License # _____ Date _____ Signature _____

CST Name (print) _____ Signature _____

CST License # _____ Date _____

>>>>PROVIDE DRAWING ON PAGE 2 >>>>

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Comments: _____

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