

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 _____
Code derived estimated daily flow _____ gpd

Public/Commercial Use: _____

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 DISPERAL 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:

- Discharge of sewage into surface water or groundwater. Yes No
- Introduction of sewage into zones of saturation which adversely affects the operation of a private onsite waste treatment system. Yes No
- Discharge of sewage to a drain tile or into zones of bedrock. Yes No
- Discharge of sewage to the surface of the ground. Yes No
- Failure to accept sewage discharges and backup of the sewage into the structure served by the system. Yes 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 >>>

DIAGRAM OF PROPERTY

Form 12-009

Show locations/setbacks to buildings, tanks, dispersal cells, well, neighboring wells, soil borings, etc.

Comments: _____

Show soil boring data or attach SBD-8330 form: Surf. Elev. Depth to limiting factor