

CONFIDENTIAL
06-164 West

House 98-115 EAST

COUNTY SEPTIC TANK PUMPING & POWTS MAINTENANCE CERTIFICATION STATEMENT

Note: All sections and questions must be completed to be "ACCEPTED" including date performed.

PROPERTY LOCATION

Inspected: _____ Site Street Address: _____ DATE Tank(s) Pumped and/or: _____

PARCEL I.D. # 006 03254 1100 / N310 3rd Dr | 6/19/18

Name (print): Margaret Sewell

Mailing Address: 102 N. River St Unit 314 City: Janesville State: WI Zip Code: 53548

PROPERTY OWNER(S): _____ Phone Number: _____

Surface Discharge Observed		Yes		No		From -		Septic Tank	Pump Tank	ATU Tank	Holding Tank	Other
Septic Tank not pumped as evaluated combined sludge & scum volumes equalled less than one third of tank volume								Effluent Filter Equipped		Filter In-place & Functional		Filter Clean
								Yes		Yes		Yes
								No		No		No
Material:		Fiberglass	Concrete	Plastic	Metal		Single Tank-(s)		Combination			
Tank type & Approx. Capacity		Gallons Pumped	Riser Buried?		Riser Cover Secured?	Riser Appears Water Tight & Functional?		Baffles In-place & Functional?		Tank Appears Water Tight & Functional?		Alarm(s) & Pump Operational?
			Outlet	Inlet	Yes	No	Yes	No	Yes	No	Yes	No
Septic Gals.		1,000	X	X	X		X		X		X	
# - 2												
Pump Gals.												
# - 2												
ATU Gals.												
# - 2												
Holding Gals.												
# - 2												

If - NO or OTHER - describe what observed -

DRAIN-FIELD INSPECTION

Surface Discharge Observed - Yes No Water Observed In Observation/ Vent Pipe(s) - Yes No

Type: Mound At-Grade Non-Pressurized In-Ground (With Lin) Pressurized In-Ground Other describe: _____

PRETREATMENT UNIT (Septage Service Operator identify type only)

Type: Media Filter Aerobic Treatment Unit Constructed Wetland Disinfection Unit Other describe: _____

Attach Unit Manufacturer Inspection form with description of required maintenance performed including lab analysis if required POWTS Maintainer credential require

SEPTAGE SERVICE OPERATOR VERIFICATION

Responsibility Statement - I the undersigned, certify that the data reported on this form was obtained by me and is correct to the best of my knowledge and belief.

Name (print): _____ Signature: _____

Date Reviewed & Accepted: _____ Inspector's Signature: _____

Corr. No. 80911 888 Phone No. 715 228 2520

Cert. No. _____

Personal Information you provide may be used for secondary purposes (Privacy Law, s. 15.04(1)(m)) (ACPZDF 108 (R01/10))

TANK(S) INSPECTION

PLEASE ANSWER ALL QUESTIONS