

KEWAUNEE COUNTY
Existing Private Sewage System Inspection Report

Is the system failing based on 145.245(4)? No Yes

PROPERTY INFORMATION

Owner _____

Mailing Address _____

Property Address _____

Legal Description *Town of _____, _____¹/₄, _____¹/₄, Sec _____, T _____ N-R _____ E

Lot Number _____ *CSM _____ *Subdivision _____

Tax Parcel Number _____ *Code Derived Daily Flow _____

Building/Dwelling Use _____ *Number of Bedrooms (if residential) _____

SYSTEM INFORMATION

Sanitary Permit Number _____ *Date or Year of Installation (if known) _____

How many people has the system typically served? _____

Has the home been vacant for any amount of time? No Yes _____ (approximate time)

System Type _____ *Cell Size (if known) _____

Private Sewage System Installer (if known) _____

TANK INFORMATION

Septic Tank Size _____ *Pump Chamber Size _____ *Tank Material _____

Tank Condition _____

Baffle Condition _____ *Riser Condition _____

Alarms/Locks/Chains/Warning Label Conditions _____

Filter Type (if applicable) _____

Date Tank was Last Pumped _____ *Pumper's Name _____

ABSORPTION AREA INFORMATION

Is the area of the system soft or spongy? No Yes _____

Is liquid evident in the vent or observation tubes? No Yes _____

Is all grey-water from the house connected to the septic system? No Yes _____

If not, where is it going? _____

DETERMINATION OF A FAILING SYSTEM

Section 145.245 (4), Stats., reads: "A failing private sewage system is one which causes or results in any one of the following conditions: (a) the discharge of sewage into surface water or groundwater; (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 discharges and backup of sewage into the structure served by the private sewage system."

- Does the system discharge within three feet of ground water? No Yes
 - Does the system discharge to a zone of seasonal saturation that adversely affects the operation of the system? No Yes
 - Does the system discharge to a drain tile? No Yes
 - Does the system discharge to the surface of the ground? No Yes
 - Does the system discharge to surface waters? No Yes
 - Does the system discharge within three feet of bedrock? No Yes
 - Does the system fail to accept sewage or backup into the structure? No Yes
- Is there a valid soil evaluation on file with the county zoning office?** No Yes

SOIL BORING INFORMATION

If required, conduct boring in the vicinity of the absorption cell(s)

Depth to Infiltrative Surface : Inches							Soil Application Rate	
Horizon	Depth In.	Dominant Color Munsell	Redox Description Qu Sz Cont Color	Texture	Structure Gr. Sz. Sh.	Consistence	GPD/ft ²	
							*Eff#1	*Eff#2

*Effluent #1=BOD₅>30 ≤ 220 mg/L and TSS > 30 ≤ 150 mg/L

*Effluent #2= BOD₅ ≤ 30 mg/L and TSS ≤ 30 mg/L

Depth to limiting factor _____ inches *Soil Application Rate at Infiltrative Surface _____ GPD/Ft²

CSTM Name _____ CSTM Number _____

SITE DIAGRAM

Attach a detailed site diagram showing all setbacks, location of tanks, absorption field(s) and structures. Elevation with a benchmark must be shown to determine separation to any soil limitation.

Comments and Recommendations:

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.

Inspector's Name _____ Date _____

Inspector's Signature _____ Registration # _____