

Oneida County Planning & Zoning Dept. P.O. Box 400 Rhinelander, WI 54501-0400 ph: (715) 369-6130 fax: (715) 369-6268	Existing POWTS Evaluation/ Maintenance Initiation Form Form No: OPOWTS-13-002 Parcel ID (Tax) Number: _____	For Office Use Date Approved: _____ Approved By: _____ Date Entered in Computer: _____ Replacement Required: _____ Fee Paid: _____ Receipt No.: _____
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I. Transaction Information		II. Location	
Owner/Seller Name(s): _____		Property Location	
Property Owner's Mailing Address: _____		Govt Lot _____ 1/4, _____ 1/4, S _____, T _____, R _____ E/W	
City, State, Zip	Phone Number ()	Lot Number _____ Block Number _____	
Buyer Name(s): _____		Subdivision Name or CSM Number _____	
Buyer(s)' Mailing Address: _____		<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of _____	
City, State, Zip	Phone Number ()	Site Address: _____	

III. Purpose (Check all that apply. Include req'd additional information as listed.)

- Property is being transferred or is part of new land division
 - Existing POWTS Evaluation/Maintenance Initiation Form
 - Soil Evaluation Report (for POWTS installed prior to July 1, 1980)
- Zoning Permit requested for a new boathouse
 - Existing POWTS Evaluation/Maintenance Initiation Form
 - Soil Evaluation Report (for POWTS installed prior to July 1, 1980)
- Sanitary Permit requested for septic tank or cell replacement
 - Soil Evaluation Report (for POWTS installed prior to July 1, 1980)
- Zoning Permit requested for an existing dwelling
 - Increase or decrease in the number of bedrooms
 - Existing POWTS Evaluation/Maintenance Initiation Form
 - Soil Evaluation Report (for POWTS installed prior to July 1, 1980)
 - Copy of Flows & Loads Affidavit signed by owner(s) and recorded with Register of Deeds Office (if req'd)
- Reconnect to existing POWTS
 - Existing POWTS Evaluation/Maintenance Initiation Form
 - Soil Evaluation Report (for POWTS installed prior to July 1, 1980)
- Zoning Permit requested for PUBLIC BUILDING or Place of EMPLOYMENT affecting amount of discharge into POWTS
 - Existing POWTS Evaluation/Maintenance Initiation Form
 - Soil Evaluation Report (for POWTS installed prior to July 1, 1980)

IVa. Type of POWTS			IVb. Type of Non-POWTS
Non-Pressurized <input type="checkbox"/> Seepage Trench <input type="checkbox"/> Seepage Bed <input type="checkbox"/> Seepage Pit <input type="checkbox"/> Lift Station	Pressurized <input type="checkbox"/> Mound <input type="checkbox"/> At-Grade <input type="checkbox"/> I-G-P	Other <input type="checkbox"/> Pre-Treatment <input type="checkbox"/> Drip Irrigation <input type="checkbox"/> Sand Filter <input type="checkbox"/> Peat Filter <input type="checkbox"/> Other: Describe _____	<input type="checkbox"/> Holding Tank <input type="checkbox"/> Pit Privy <input type="checkbox"/> Vault Privy <input type="checkbox"/> Composting Toilet <input type="checkbox"/> Other

IVc. Building Use

Residential (# of Bedrooms) _____
 Public (Type & Name of Business) _____
 Other (describe) _____

Tax ID:		Owner/Seller Name		Buyer Name:	
V. Sanitary Permit Information			Permit Number:		Date Issued:
<input type="checkbox"/> A Sanitary Permit was previously issued					
Vla. Component Evaluation			Vlb. Dispersal Cell Evaluation		
<input type="checkbox"/> Septic Tank(s)	Cap:	Mfr:	Number of Cells:		Sq Footage of All Cells
<input type="checkbox"/> Holding Tank(s)	gals				
<input type="checkbox"/> Pump Tank	Cap:	Mfr:	Explain and/or Comments:		
	gals				
Y N Baffles, risers, locks, chains & alarms installed & in working order? If No, explain or comments:					
Y N If a steel tank - Is it in structurally sound condition?					
Y N If a steel tank - Is it water-tight?					
VII. Soils Information (if req'd) (If req'd, conduct soil boring in vicinity of dispersal cell and show on attached map.)					
Boring Depth	Limiting Depth (REDOX)		Limiting Depth (Bedrock)		Depth of Dispersal Cell
Y N POWTS dispersal cell meets minimum depth requirement for unsaturated soils for treatment purposes per DSPS 383, Table 383.44-3, Wis. Adm. Code.					
VIII. Summary Determinations					
Operating Condition					
<input type="checkbox"/> There was no evidence of POWTS failure					
<input type="checkbox"/> POWTS shows signs of failure by: check all that apply					
<input type="checkbox"/> Surface Discharge (ponding)					
<input type="checkbox"/> Discharge to ditch, wetland or surface of the ground					
<input type="checkbox"/> Backing up into the structure					
<input type="checkbox"/> Discharging to zones of saturated soil or bedrock					
<input type="checkbox"/> An accurate evaluation of the POWTS could not be made					
Setbacks					
<input type="checkbox"/> The external portion of the POWTS APPEARS to meet all minimum setback requirements from the dispersal cell and tanks to the well(s), house, lot lines, road, buildings, etc					
<input type="checkbox"/> The external portion of the POWTS DOES NOT APPEAR to meet all minimum setback requirements from the dispersal cell and tanks to the well(s), house, lot lines, road, buildings, etc					
Sizing					
<input type="checkbox"/> Dispersal cell and tanks are adequately sized					
<input type="checkbox"/> Dispersal cell and tanks are undersized.					
Attach copy of Recorded Flows and Loads Affidavit.					
IX. Sketch Requirements					
Attach complete site plan on paper not less than 8 1/2 x 11 inches in size. Plan must include but not be limited to: direction and percent slope, scale or dimensions, north arrow location and distance to nearest road.					
X. Comments:					
XI. Statement & Signature:					
The information on this POWTS Evaluation form reports observations made on the date of evaluation only. This POWTS Evaluation form does not imply any warranty, expressed or implied.					
Plumber Cred & Cred #:	Inspection Date:	Name:	Signature:	Date:	