

**BARRON COUNTY
SANITARY SYSTEM EVALUATION FORM**

Property Owner: _____ Property Address : _____

Property I.D.# : _____ - _____ - _____ - _____ Legal Description : _____,

in the _____ 1/4, _____ 1/4, Section _____, T _____ N, R _____ W, Township _____

Valid Sanitary Permit on file: Yes ___ NO ___ Permit # : _____, Date Issued : _____, installed : _____

1. Existing Septic Tank(s), or Holding Tank(s)

Manufacturer & Gallon Capacity : _____ Number of Tanks : _____

Material : Steel _____ Concrete _____ Other _____ : _____

Tanks Do _____ Do Not _____ Meet current code requirements.

Condition of Tank(s) (i.e. leaking, structure, baffles, locks, labels, etc.) _____

Current Holding Tank Agreement recorded : Yes _____ No _____ N/A _____

2. Pump Chamber : Not Applicable _____

Manufacturer & Gallon Capacity : _____

Material : Steel _____ Concrete _____ Other _____ : _____

Condition of Tank(s) (i.e. leaking, structure, locks, labels, etc.) _____

Pump Manufacturer & Model # : _____

Condition of Pump, pump controls, switches, etc. : _____

3. Soil Absorption Area

In-Ground _____ At-Grade _____ Mound _____ Dry Well _____ Not Applicable _____

Surface discharge/seepage of effluent, Was _____ Was Not _____ observed.

The soil absorption area, Does _____ Does Not _____ meet current code requirements.

Size of distribution cell : _____

Lowest elevation of distribution cell/dry well _____

Effluent Was _____ Was Not _____ observed in the distribution cell/dry well.

If effluent was observed, give number of inches above cell bottom _____

Valid Soil and Site Evaluation on file : Yes _____ No _____

4. Prepare a plot plan showing the location of the existing system with relation to the building served, proposed additions, accessory buildings, property lines, wells, lakes, streams and their floodplains, critical slopes, etc. (include elevations where relevant).

5. Checklist (the following items as required are attached)

- a.) Plot Plan
- b.) Soil Evaluation Report – Comm. – SBD-8330
- c.) Flows & Load Affidavit, regarding the use of an undersized system
- d.) Servicing Contract / Maintenance Agreement (if not already on file)

6. I do hereby certify that the information contained on this application and accompanying documents is accurate, and based on this evaluation the existing private sewage system serving the structure at the above described location
IS _____ IS NOT _____ a failing system.

Master Plumber or Master Plumber Restricted Sewer License Number Date

POWTS Maintainer License Number Date

REVIEWED/APPROVED BY ZONING STAFF

SIGNATURE: _____ DATE _____ / _____ / _____