



# Private Onsite Wastewater Treatment Systems ( POWTS) Inspection Report (Attach to Permit)

County
Sanitary Permit No:
State Plan Transaction ID#:
Parcel Tax No:

**Safety and Buildings Division  
General Information**

Personal information you provide may be used for secondary purposes [ Privacy Law, s. 15.04 (1)(m) ]

Permit Holder's Name:		<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of:	
CST BM Elev:	Insp BM Elev:	BM Description:	

**Tank Information**

TYPE	MANUFACTURER	CAPACITY
Septic		
Dosing		
Aeration		
Holding		

**Elevation Data**

STATION	BS	HI	FS	ELEV
Benchmark				
Bldg. Sewer				
St / Ht Inlet				
St / Ht Outlet				
Dt Inlet				
Dt Bottom				
Installation Contour				
Header / Man.				
Dist. Pipe				
Infiltrative Surface				
Final Grade				

**Tank Setback Information**

TANK TO	P/L	WELL	BLDG	VENT TO AIR INTAKE	ROAD
Septic					NA
Dosing					NA
Aeration					NA
Holding					

**Pump / Siphon Information**

Manufacturer		Demand			
Model Number		GPM			
TDH	Lift	Friction Loss	System Head	TDH	Ft
Forcemain	Length	Dia	Dist. To Well		

**Dispersal Cell Information**

DIMENSIONS	Width	Length	No of Cells		
<b>SETBACK INFORMATION</b>	P / L	Bldg	Well	OHWM of Nav Waters	
<b>CELL TO</b>					

Type of System	LEACHING CHAMBER	Manufacturer:
		Model Number:

**Distribution System**

Header / Manifold	Distribution Pipe(s)	X Pressure Systems Only	X Hole Size	X Hole Spacing	Observation Pipes
Length _____ Dia _____	Length _____ Dia _____ Spac _____				<input type="checkbox"/> Yes <input type="checkbox"/> No

**Soil Cover**

Depth Over Cell Center	Depth Over Cell Edges	Depth of Topsoil	Seeded / Sodded	Mulched
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

COMMENTS: (Include code discrepancies, persons present, etc.)

Plan revision required? <input type="checkbox"/> Yes <input type="checkbox"/> No	<table border="1" style="display: inline-table; width: 30px; height: 30px;"> <tr><td> </td></tr> </table>		<table border="1" style="display: inline-table; width: 30px; height: 30px;"> <tr><td> </td></tr> </table>		<table border="1" style="display: inline-table; width: 30px; height: 30px;"> <tr><td> </td></tr> </table>		<table border="1" style="display: inline-table; width: 30px; height: 30px;"> <tr><td> </td></tr> </table>		<table border="1" style="display: inline-table; width: 30px; height: 30px;"> <tr><td> </td></tr> </table>		<table border="1" style="display: inline-table; width: 30px; height: 30px;"> <tr><td> </td></tr> </table>	
Use other side for additional information	Date	POWTS Inspector's Signature	Cert No									