Safety and Buildings Division
PO Box 7162,
Madison, WI
53707

Private Onsite Wastewater Treatment Systems (POWTS)

Soil Saturation Determination Report

Pursuant to SPS 385.60 (3), Wis. Adm. Code

County:
Parcel Tax No:

General Information

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

Property Owner's Name:		Owner's Address:
Lot Number:	Block Number:	☐ City ☐ Village ☐ Town of:
Subdivision / CSM Name:		Govt. Lot _____, _____ 1/4, _____ 1/4, S _____ ,T _____ N, R ____ E / W
Monitoring Zone: ☐ A ☐ B ☐ C	BM Elevation (ft):	BM Description:

Observed Water Elevations (FT)

OBSERVATION DATE	OBSERVATION PIPE NO: _____	OBSERVATION PIPE NO: _____	OBSERVATION PIPE NO: _____

Observation Pipe Elevation Data (FT)

OBS. PIPE NUMBER	TOP OF PIPE	GRADE AT PIPE	BOTTOM OF PIPE	GRADE EL MINUS BOT OF PIPE EL

Comments / Comclusions

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Monthly Data

Station(s) Precipitation Data Obtained From:	

Monthly Precipitation Amounts (in)

Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May

Total Amount Sept - Feb (Need 8.5 inches): inches	Total Amount Mar - May (Need 7.6 inches): inches

CST Name (Print):	CST Address:	CST Telephone:
Date of Signature:	CST Signature:	**CST Credential Number:**

This form is required to be submitted pursuant to SPS 85.60(3)(j), Wis. Adm. Code. Failure to complete this form may result in denial of the approval request. Information to be submitted in addition to this form includes, but is not limited to: Data on artificial drainage, a completed Soil and Site Evaluation Report (SBD 8330), regional water table information, daily precipitation totals for February through May, any previous site specific observation results, governmental unit or department reports on observation pipe construction or water levels, and a site plan showing observation pipe locations. All information must be submitted within 60 days of the completion of observations. When more than three (3) observation pipes are installed, use Page 2 of this form to report observation data, results, and comments/conclusions.

Soil Saturation Determination Report

Owner: _____ Parcel Tax No: _____

Observation Pipe Elevation Data (FT)

OBSERVATION PIPE NUMBER	TOP OF PIPE	GRADE AT PIPE	BOTTOM OF PIPE	GRADE EL MINUS BOT OF PIPE EL

Observed Water Elevations (FT)

OBSERVATION DATE	OBSERVATION PIPE NO: _____	OBSERVATION PIPE NO: _____	OBSERVATION PIPE NO: _____	OBSERVATION PIPE NO: _____	OBSERVATION PIPE NO: _____	OBSERVATION PIPE NO: _____	OBSERVATION PIPE NO: _____

Comments / Conclusions

_____

_____

_____

_____

_____

_____