



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

**Industry Services 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:		

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

Tank Information

setback to:

TYPE	MANUFACTURER	CAPACITY	Prop. Line	Well	Building	Air Intake	Road
Septic							N/A
Dosing							N/A
Aeration							N/A
Holding							

Pump / Siphon Information

Elevation Data

Pump Manufacturer		Pump Model		Demand GPM
Filter Manufacturer		Filter Model		
TDH	Lift	Friction Loss	Head	Total
Forcemain	Length	Dia	Dist. To Well	

STATION	BS	HI	FS	ELEV
Benchmark				
Bldg. Sewer				
Tank Inlet				
Tank Outlet				
Dose Tank Inlet				
Dose Tank Bottom				
Inst. Contour				
Header / Manifold				
Distribution Pipe				
Infiltrative Surface				
Final Grade				

Dispersal Cell Information

DIMENSIONS	Width	Length	# of Cells	
SETBACK FROM	Prop. Line	Building	Well	OHWM
Type of Cell		Manufacturer:		
		Model Number:		

Pretreatment Unit

Manufacturer:
Model Number:

Distribution System

X Pressure Systems Only

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

Depth Over Cell Center	Depth Over Cell Edges	Depth of Topsoil	Seeded / Sodded <input type="checkbox"/> Yes <input type="checkbox"/> No	Mulched <input type="checkbox"/> Yes <input type="checkbox"/> No
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COMMENTS: (Include code discrepancies, persons present, etc.)

Plan revision required? Yes No
Use other side for additional information.

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Date

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POWTS Inspector's Signature

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License Number