



BAYFIELD COUNTY ZONING DEPARTMENT

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Bayfield County Courthouse
117 East Fifth Street
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Washburn, WI 54891

SEPTIC SYSTEM INSPECTION FORM

Requested by: _____ County: _____
Address: _____ Town, City, Village: _____
City, State, Zip: _____ Phone: _____
Legal Description: _____ ¼ of _____ ¼ of Section _____ T _____ N, R _____ W
Owner/Occupant: _____ Septic Address, #, Name: _____
Address: _____ Septic Serves: _____
City, State, Zip: _____ (ex. # of homes, barn, school, church, industry, etc.)
Parcel ID (Tax) #: _____ Date of Construction: _____
Number of Bedrooms: _____

SEPTIC TANK INFORMATION

Information obtained from: Owner _____ Pumper _____ Other _____
Tank Construction ILHR 83.15(1): Concrete _____ Steel _____ Fiberglass _____ Other _____
Approximate tank size (if known) _____
Has the tank been pumped on a regular basis per county maintenance agreement?
Yes _____ No _____ Per owner _____ Per pumper _____ Pumper's name _____
Has the tank been pumped prior to the inspection? Yes _____ No _____ Per owner _____ Per pumper _____
Was inspector on site during tank pumping? Yes _____ No _____
Was sludge/scum level greater than 1/3 of total volume prior to pumping? Yes _____ No _____
Evaluate condition of baffles: Inlet Outlet
Good _____
Need replacement _____
Missing _____
General condition of septic tank:
i.e.: cracks/holes in cover, sidewalls, bottom
explain: _____

MANHOLES

Is service cover more than 6" underground? Yes _____ No _____ Is service port in code compliance? Yes _____ No _____
Is service cover above grade? Yes _____ No _____ Is service cover riser properly sized and watertight? Yes _____ No _____
Does cover have a warning label, chain and locking device if above grade? Yes _____ No _____
Is there a manhole riser on tank? Yes _____ No _____
Is there a 4" or larger inspection opening at baffle opposite service cover? Yes _____ No _____
Is inspection opening or pipe at least 6" above grade? Yes _____ No _____

SEPTIC SYSTEM

Conventional Bed Trench Pit (circle one)

In Ground Pressure _____ Mound _____

At Grade _____ Privy _____

Approximate Age: _____ Other (explain) _____

Total Area: _____ sq. ft. _____

Is septic tank and dosing tank in setback compliance from: Distance in feet:

building? Yes _____ No _____ Unknown _____ _____

well? Yes _____ No _____ Unknown _____ _____

high water mark? Yes _____ No _____ Unknown _____ _____

lot line? Yes _____ No _____ Unknown _____ _____

pool? Yes _____ No _____ Unknown _____ _____

other? _____ Yes _____ No _____ Unknown _____ _____

Is there a dosing chamber? Yes _____ No _____

Pump – floats – alarm siphon checked for proper operation? Yes _____ No _____

Is absorption field in setback compliance from: Distance in feet:

lot line? Yes _____ No _____ Unknown _____ _____

high water mark? Yes _____ No _____ Unknown _____ _____

pool? Yes _____ No _____ Unknown _____ _____

well? (except for schools) Yes _____ No _____ Unknown _____ _____

other? _____ Yes _____ No _____ Unknown _____ _____

Is there an approved vent present? Yes _____ No _____

Is there water present in the vent? Yes _____ No _____ # of inches _____

Is there existing soil site evaluation available? Yes _____ No _____

Was boring done by a CST (Certified Soil Tester)? Yes _____ No _____ Unknown _____

Is owner aware of any backups, surface seepage or discharge, odors, slow drainage, etc.? Yes _____ No _____

If yes explain _____

I certify that the above information is true and correct to the best of my knowledge as observed on _____, 19___. Operational aspects and observations reported are based on the conditions noted at the time of inspection. This inspection does not in any way guarantee or warrantee the continued operation of the system described herein.

Inspector's Signature Credential Number Date

Attachments required:

Approved plans Soil test report Copy of maintenance records (if available)

8"x10" plot plan of house, well, tank(s) and soil absorption system