

GRANT COUNTY CONSERVATION, ZONING & SANITATION

150 W ALONA LN, SUITE #1, Lancaster WI 53813

Phone: (608)723-6377 ext 4 email: sanitation@co.grant.wi.gov <mailto:sanitation@co.grant.wi.gov>

HOLDING TANK INSPECTION REPORT

No fee required if submitted by Due Date: August 31, 2022
(\$25 late fee if received after this date)

March 16, 2022

GERALD M SR & HELEN C BROGLEY
TRI-STATE AUCTION
9197 RT 84 N
GALENA IL 61036

COPY

Township: TOWN OF HAZEL GREEN
Property Address: 1911 STATE ROAD 11

Tax Parcel: 022-00268-0000 Sanitary Permit: 1964-99136 Last Maintenance: 05/04/2021

MAINTENANCE INSTRUCTIONS - As described in Article 6-225-30(D) of the Grant County Private Onsite Wastewater Treatment Systems (POWTS) Ordinance: All evaluation, maintenance or servicing events as prescribed by a Management Plan for a POWTS or Holding System shall be reported to the Grant County Conservation, Sanitation & Zoning Dept. pursuant to s. SPS 383.55 Wis. Adm. Code and this ordinance. Please contact a Licensed Service Provider soon to schedule your evaluation. Visit www.co.grant.wi.gov for a listing of plumbers/pumpers. Scheduling late in the season may result in weather related delays, pumpers operating at full capacity, and State restrictions on volume accepted at local sewer plants.

Tank evaluations must include a visual inspection to identify any missing or broken hardware, cracks or leaks.

A Licensed Service Provider must complete this form & return within 30 days of service.

Gallons Pumped: Holding Tank #1 1050 gal. #2 _____ gal. #3 _____ gal.

Tank Evaluation: Concrete, Metal, Plastic or Fiberglass

- | YES | NO | |
|----------------------------------|-----------------------|---|
| <input checked="" type="radio"/> | <input type="radio"/> | All waste water from home (including grey & wash water) discharges into the holding tank system? |
| <input checked="" type="radio"/> | <input type="radio"/> | Tank appears to be water tight & functional? |
| <input checked="" type="radio"/> | <input type="radio"/> | Tank risers appear water tight & functional? |
| <input checked="" type="radio"/> | <input type="radio"/> | Tank lid in place and secure? (chained and locked) |
| <input checked="" type="radio"/> | <input type="radio"/> | Is the holding tank high water alarm system operational? (alarms, electrical components, ext.) Or N/A |
| <input checked="" type="radio"/> | <input type="radio"/> | Surface discharge observed? (Ponding around tank) (Outfall pipe) Other |

Comments or concerns : _____

POWTS EVALUATION SERVICE PROVIDER VERIFICATION Responsibility Statement: I, the undersigned, certify that the data reported on this form was obtained by me and is correct to the best of my knowledge and ability:

Name (print) Mike Doyle Signature [Signature] Cert. # 84337 Phone # 568-3000

Date of Services: 3-7-22 PUMPED: or INSPECTED:

Dept. Use Only: Functional Failing Reviewed by: _____ Date _____ 2022mf