

COUNTY OF KENOSHA

Division of Planning & Development

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Option 2 - Evaluation Report Form

OWNER'S NAME:	_PERMIT #
PROPERTY ADDRESS:	_PARCEL #

This POWTS Evaluation Report Form may be used in lieu of the Treatment Tank(s) Maintenance Report Form when a service pumping does not occur and an evaluation of the tank(s) sludge and slum volume is preferred.

Note: SPS 383.54 requires a pumping frequency of an anaerobic treatment tank for a POWTS shall occur at least when the combined sludge and scum volume equals (33.33%) of the tank volume.

Method used to determine sludge and scum volume. (Check all that apply.)

Sludge Judge	Core Taker	Imhoff Settling Cone
Trucore Sludge Sampler	Settleometer	Other
Explain in detail if other method is used	1.	

If multiple anaerobic treatment tanks exist, each must be evaluated for sludge and scum levels. This includes pump/dose tanks or siphons. All pump/dose or siphon tank liquid volume levels shall be considered to be from tank floor to the pump intake level. Sludge determination and servicing needs shall be based on that liquid volume level.

Tank Volume Determination: (Check all that apply.)

SepticDoseOther	SepticDoseOther	SepticDoseOther
Tank Manufacturer:	Tank Manufacturer:	Tank Manufacturer:
Tank Gallons:	Tank Gallons:	Tank Gallons:
Liquid Depth =	Liquid Depth =	Liquid Depth =
Sludge Depth =	Sludge Depth =	Sludge Depth =
Scum Thickness =	Scum Thickness =	Scum Thickness =
% Sludge & Scum =	% Sludge & Scum=	% Sludge & Scum =

Formula: Total inches of sludge & scum \div liquid depth = solids quotient x 100 = percentage of solids occupying total tank volume.

<u>Sample Calculation</u>: Septic Tank Volume = 1270 gallons, outlet height of 42", sludge depth is 5" thick and scum layer is 5" thick.

Example: 5 + 5 = 10: ÷ 42" = 0.2381 x 100 = 23.81%

(23.81% of tank volume occupied by sludge and scum.)

(Check all that apply)

Drainfield Observations	Yes / No	Treatment Tank Observations	Yes / No
Surfacing sewage		Wastewater found above the normal flow line	
Spongy ground surface (not due to spring thaw)		Wastewater, drainback from drainfield during pump out	
Bare soil surface area(s) due to seasonal surfacing sewage		Wastewater overflowing treatment tank cover	
Sewage discharge		Wastewater seep through treatment tank riser and/or riser joints	

Describe any "Yes" observations made. Use back side of this report form if additional space is needed:

Are there any other observable signs of septic system malfunction or failure not previously described or mentioned? Yes: _____ No: _____ If yes, please explain:

This form must be completed by Septic System Service Provider and must be submitted to and received by Kenosha County via the Kenosha County Sanitary Maintenance Portal, KCSMP, within the specified time period as stated in the maintenance notice previously sent.

DATE OF SERVICE:	
NAME OF SERVICE COMPANY/ EVALUATOR:	Date:
SIGNATURE OF EVALUATOR:	License #:
SIGNATURE OF OWNER/AGENT:	Date:

*Note: When a sludge and scum evaluation is completed in lieu of treatment tank pumping, the next scheduled POWTS service notification and evaluation shall be determined by the result findings of this report. After the treatment tank(s) are pumped, the POWTS service and notification frequency will return to a 3 year interval.