



# COUNTY OF KENOSHA

Division of Planning & Development

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Division of Planning & Development  
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## Treatment Tank(s) & Field Service Report Form – Option 1 only

OWNER'S NAME: \_\_\_\_\_ PERMIT # \_\_\_\_\_  
PROPERTY ADDRESS: \_\_\_\_\_ PARCEL # \_\_\_\_\_

The treatment tank(s) service and absorption field inspections are required to comply with the State of Wisconsin Administration Code and Sec. 15.06-3 of the Kenosha County Code & Private Sewage System Ordinance.

This form must be completed by Septic System Service Provider and must be submitted to and received by Kenosha County within the specified time period as stated in the accompanying letter.

Check all that apply:

| <u>Drainfield Observations</u>                             | Yes / No    | <u>Treatment Tank Observations</u>                               | 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Number of** and Type of Components serviced by service provider - List all that apply:

Septic Tank(s): \_\_\_\_ Effluent Filter: \_\_\_\_ Pump Chamber: \_\_\_\_ Pretreatment Unit: \_\_\_\_ Other: \_\_\_\_

**DATE OF SERVICE:** \_\_\_\_\_

NAME OF SERVICE COMPANY: \_\_\_\_\_ License #: \_\_\_\_\_

SIGNATURE OF SERVICE PROVIDER: \_\_\_\_\_ Date: \_\_\_\_\_

SIGNATURE OF OWNER/AGENT: \_\_\_\_\_ Date: \_\_\_\_\_