



COUNTY OF KENOSHA

John T. Jansen, Director
Department of Human Services

Cynthia Johnson, Director
Division of Health Services
Job Center / Human Services Building
8600 Sheridan Road, Suite 600
Kenosha, WI 53143-6515
Phone: (262) 605-6700
Fax: (262) 605-6715

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 The Kenosha County Department of Human Services 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: _____