POWTS INSPECTION FORM

I. APPLICATION INFORMATION (Please Print All Information)			Soil Test No:	State Sanitary Permit No: **(Required)**				
Property Owner's Name			County: **Ashland**					
Address of Property	City, State Zip Code		Property Location: ¼ ¼, S _____ , T_____ N, R_____ W					
Property Owner's Mailing Address			Township:		Gov. Lot #:			
City, State	Zip Code	Phone Number	Lot #	Block #:	CSM #:	CSM Doc #	Subdivision Name:	
II. TYPE OF BUILDING: (Check One)			Tax Number(s):					
☐ State Owned ☐ Public (Explain the use/purpose _____) ☐ 1 or 2 Family Dwelling - No. of Bedrooms _____								

III. INSPECTION STATEMENT:

(1) Does the septic tank cover or inspection manhole(s) terminate above grade? Yes □ No □
If Yes; is the tank or manhole cover securely locked? Yes □ No □

(2) Is/Are the cover(s) cracked or broken? Yes □ No □

(3) Is a filter present? Yes □ No □

(4) Has the filter been cleaned? Yes □ No □

(5) Does the tank appear to be water tight? Yes □ No □

(6) Is there flow back into the tank from the drain field or dispersal unit? Yes □ No □

(7) Are the baffles in place and functioning properly? Yes □ No □

(8) Are all the inspection pipes covered? Yes □ No □

(9) If a vent is present; does the vent pipe have an approved vent cover? Yes □ No □

(10) Is there a drainfield observable? Yes □ No □

(11) Is there a vent on the drainfield? Yes □ No □

(12) Is there standing water in the drainfield? Yes □ No □

(13) Is/Are there any other conditions or problems that hinder the proper operation of the sanitary system that need to be Corrected? Yes □ No □ If Yes; explain: _____

_____

(14) Date of Inspection: _____ Time of Inspection: _____
Volume in tank at time of inspection: _____ Does Tank need to be pumped? Yes □ No □
Date Estimated to be Pumped: _____

IV. RESPONSIBILITY STATEMENT:

I the undersigned, assume responsibility for the inspection of the onsite sewage system.

Licensed/Credentialed Inspector Name: **(Print)**	Licensed/Credentialed Inspector Signature: **(No Stamps)**	License/Credential No:
Inspector's Address: (Street, City State, Zip Code)	Home Phone:	Business Phone:

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☐ Approved	☐ Disapproved ☐ Owner Given Initial Adverse Determination	Date Issued:	Issuing Agent's Signature / Date:

VI. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:

This form must be returned to the Ashland County Zoning Dept., 201 W Main Street, Ashland, WI 54806

Updated: February 2025